DECEMBER 17

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

5. SEX

A SOCIAL SECURITY NUMBER

EVERETT CLIFTON TO OMEY, SR.

EVERETT CLIFTON TO OMEY, SR.

PLEMENT OF BIRTH MIN.

May 4, 1920 221-14-8833 1X M 2 □ F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY 10b. COUNTY 10c. CITY, TOWN OR LOCATION Sussex Delaware Dagsboro, Delaware 19939 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 800 Main Street 19939 burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES 84 as the 3 Widowed 4 Divorced ETED ! 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highe Š Elementary/Secondary (0-12) Unknown College (1-4 or 5+) Operated Dagsboro Getty Station Gas Station COMPL detached 18. MOTNER'S NAME (First, Middle, Maiden Surname)
Viola Coffin 17. FATHER'S NAME (First, Middle, Last) Ruben Lee Toomey Ħ funeral director, page 5 should be notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mrs. Marion Toomey 800 Main Street, Dagsboro, Delaware 19939 9 20a. METHOD OF DISPOSITION
14. Burlal 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) DATE 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must St. George's Cemetery 21. SIGNATURE OF FURERAL BEINICE LICENSEE examiner MELSON APPUNERAL SERVICES, LTD. FRANKFORD, DELAWARE 19945 ed in by the fi the medical Enter the diseases, or complications that caused the deshock, or heart failure. List only one cause on each line. 23. PART | Enter the the attending physician and completely filled in by i Mental Hyglene prior to burial, cremation, or remo complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, IMMEDIATE CAUSE (Fine) Ablom-al Aortic Aneuryou disease or condition resulting in death) other traumatic event, DUE TO (OR AS A CONSEDUENCE OF): Me forstof se Renal Cell Carcino CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Insician; The law requires that the death certificate be **CAUSE** (Disease or Injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the 1 YES 2 NO Shows a e Dept. of P PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) nertificate h HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) 1 YES 2 70 1 Theatlent 2 ER/Outpatient 3 DOA ŏ 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Couth with 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 80 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide DIRECT Nours a Hem 29a. CERTIFIER
(Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL UP THE FUNERAL UP TO THE FUNERAL 2 \_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 20c. LICENSE NUMBER 230690 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

James E. Martin, M.D., 195 B. Corroll St. 541.35007

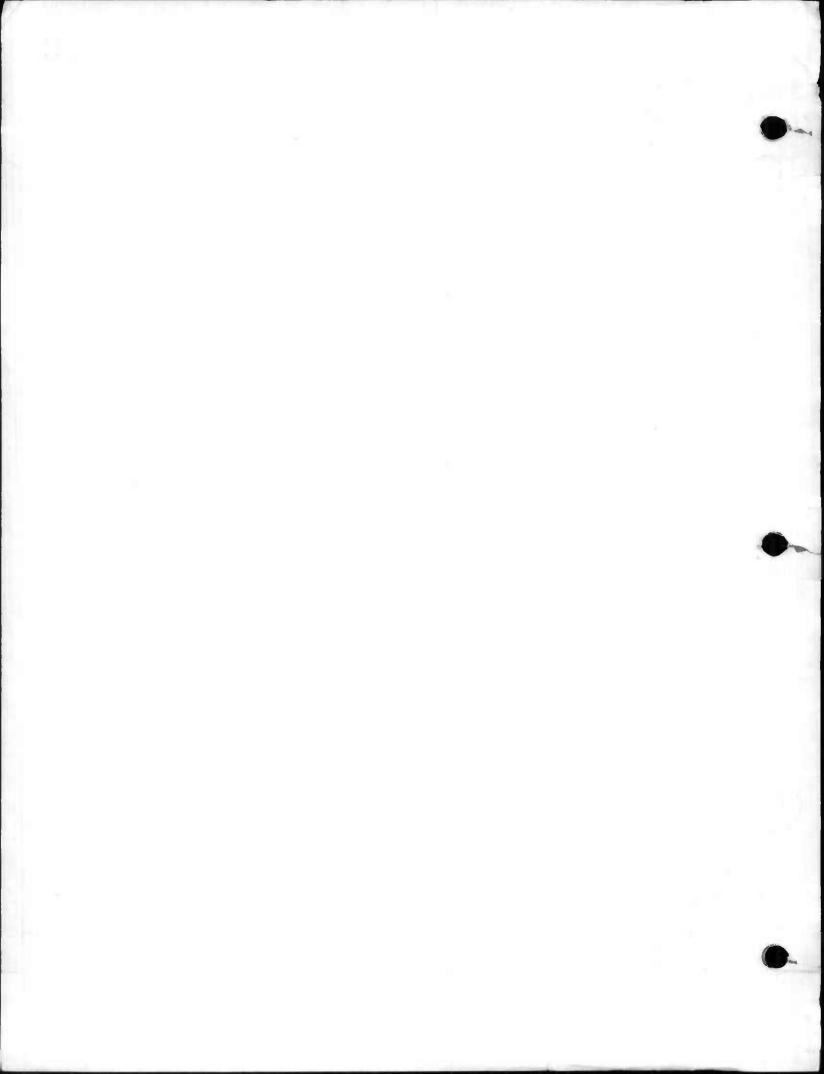
Julia 1000 1000 100 1000 1000

31. DATE FILED (MONTS 09992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3. TIME OF DEATH YEAR 0425 992 8. BIRTHPLACE (State or Foreign Dagsboro, DE 9c COUNTY OF DEATH WICONICO 10d. INSIDE CITY
Y LIMITS?
1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White 12/20/92 Clarksville, Delaware Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 ND 29d. DATE SIGNED (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPORTANT: If Item

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31. DATE FILED (Month, Day, Year)

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1992

WITHIN 72 h

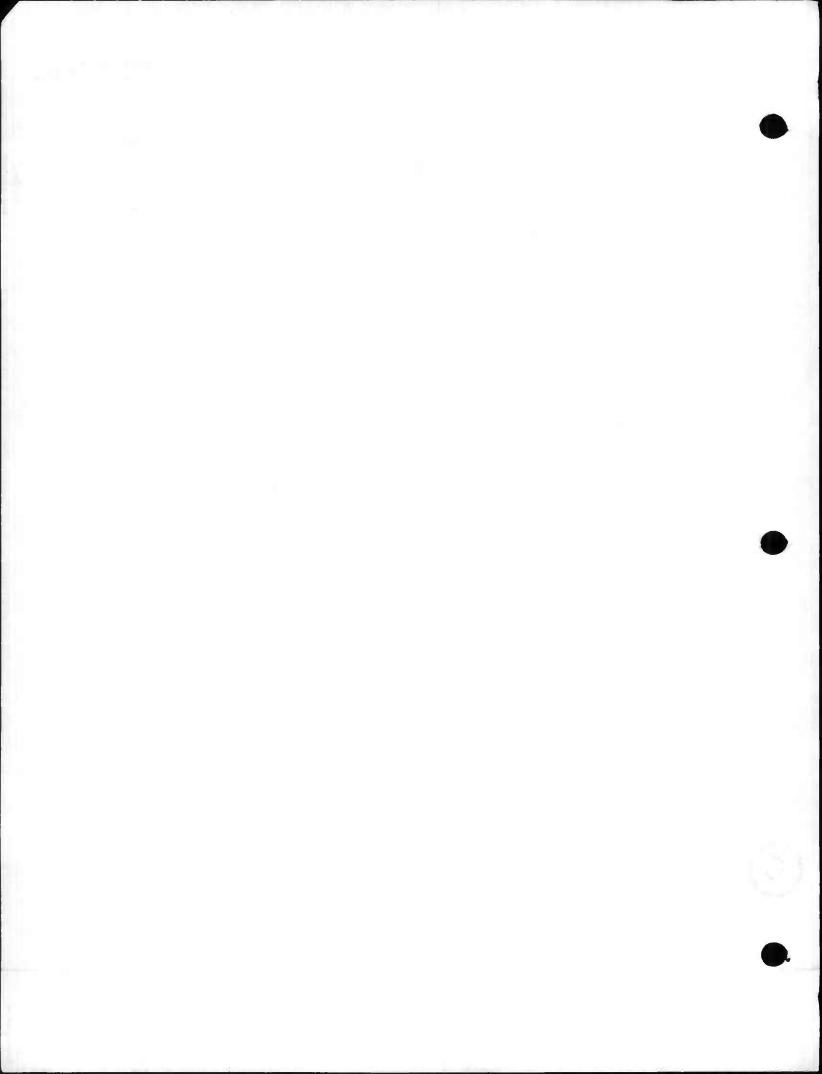
92 38002 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Sarah Elizabeth Dicember 0559 199 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday, 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 🔯 F 58 220-28-2099 7/12/33 Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Wicomico Salisbury 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rt. # , Box 574 Allen Road 21801 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married ВҰ 3 Widowed 4 Divorced African American COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) USDA Inspector Perdue, Inc. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ollie King Luvenia Gillette BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Williams 1820 Spence St., Apt 419, Baltimore, MD 21230 20a. METHOD OF DISPOSITION

1 M Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Springhill Memory Gardens 12/21 Hebron, Maryland 22. NAME AND ADDRESS OF FACILITY Rt. #2, Box 920, Jersey Road 21. SIGNATURE OF FUNERAL SERVICE LICENSPE Jolley Memorial Chapel, Salisbury, MD 21801 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING lice mi CAUSE (Disease or injury DUE TO JOR that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? culay 1 TYES 2 1 HO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only oran) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO e 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 26s. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be BE COMPLETED 4 Homicide 29a. CERTIFIER (Chack ank) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 - MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. e 2005 2 9 16 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

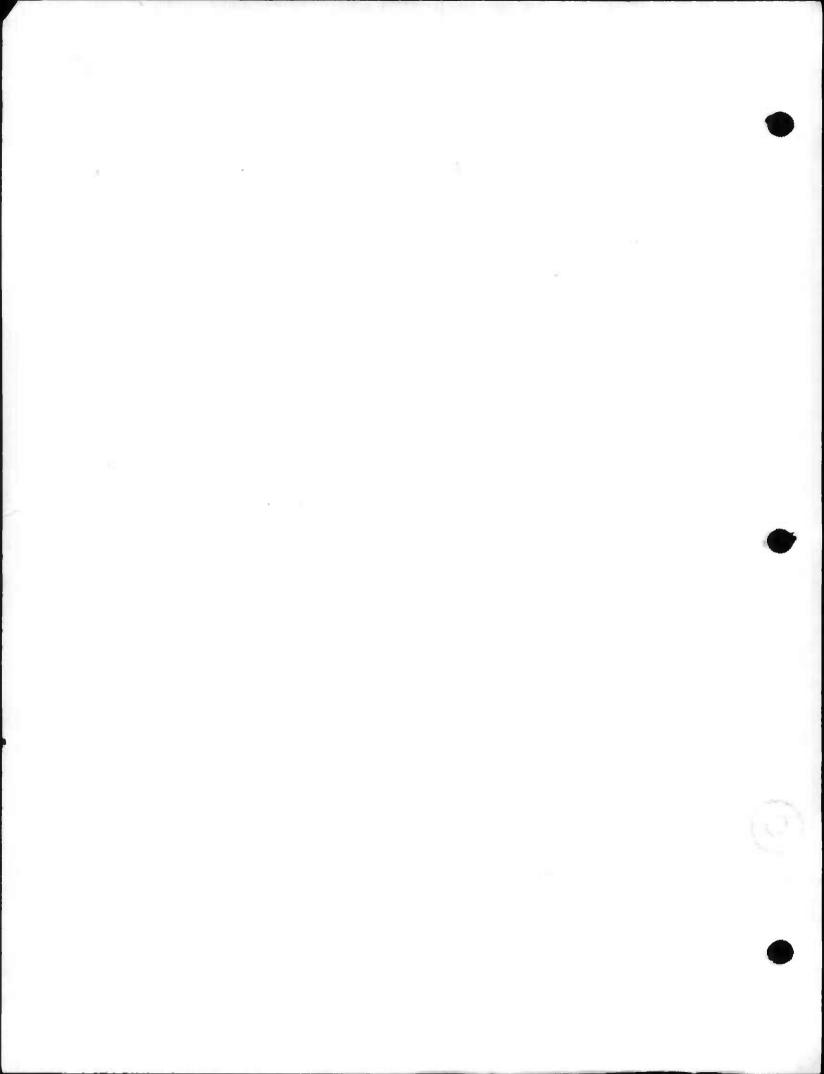
his Daydson-Randell

32. REGISTRAR'S SIGNATURE



ALLIMONE, MANILAND SIZOS-3:40	death. Page 6 may be retained by the hospital or attending physician.	s centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		examiner must be notified at once.
T VIIAL RECORDS, F.C. BOX 13146, BALLIMONE, MANIENNE ZIZOS-5140	rysician: The law requires that the death certificate be executed within 25 wous after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral direc	th the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
No. of Land	TO THE HOSPILL CHATTER ING PA	TO THE FUNERAL MEET IN After th	be filed within 72 hours after death w	IMPORTANT: If Item 28 is marked

	1 - FOR STAT	E OF MARYLAND / DEP	ARTMENT OF H		IENTAL HYGIENE	E	
	1. DECEDENT'S NAME (First, Middle, Lest) ARIE ELLA	WHIT	EHEAD		2. DATE OF DEATH DATE 18 DA	992 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 6. SEX 1 M	-	B. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) DEC. 6, 19	10 BAR	KLIN, VA.
TOR	98. FACILITY NAME (If not institution, give street and not PENINSULA REGIONAL INTESTITEMENT OF DECEMENT		SALISB	R LOCATION OF DEA	ATH .	9c. COUNTY OF	DMICO
DIRECTOR	10a. STATE 10b. COUNTY  MD. WICON		CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 704 N. WES	STOVER DRIVE	101	ZIP CODE 2180	n1	10g. CITIZEN OF	WHAT COUNTRY?
BY	1 News Married 2 Married FOR	DECEDENT EVER IN U.S. ARMED DES? 1 YES 2 NO S, GIVE WAR OR DATES	If yes, ap-		C ORIGIN? (Specify Yea , Puerto Rican, atc.)	or No— 14. RA Bla	CE — American Indian, lick, Whita, atc. pc/fy: BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12)  7th  College	(Give kind	T'S USUAL OCCUPATION of work done during month of use retired.)	N st of working	166. KIND OF BUS	KEEPER	
	17. FATHER'S NAME (First, Middle, Lest)	JIM WATSON	J	16. MOTHER'S NAM	NE (First, Middle, Maiden :	Surname)	
TO BE	190. INFORMANT'S NAME (Type/Print) LEON WHITEHEAD	19b. MAIL			oute Number, City or Town		
	20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from 4 Donatton 5 Other (Specify)	State 20b. PLACE OF DIS	ACRES	netery, crematory or		CATION — City of ISBURY ,	
,	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ollas	JOLLE	Y MEMORIA BURY, MD.	AL CHAPEL,	RTE. 1	, BOX 920
	23. PART I. Enter the diseases, or complica shock, or heart failure. List only	tions that caused the death. I				ratory arrest,	Approximata interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUENCE	E OF):	u.C		/ * /	
LION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSEQUENCE	Conges	Time	Learn	bulur	/
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENC	DE OF):		0		
AL CE	PART II. Other significant conditions contri	The state of the s	ing in the underlyin	g cause given in i	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC	Diabetes 7	nellitus			1 □ YES 2	NO NO	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ITAL:	26. P	LACE OF DEATH (Che	ack only one)		
	27. MANNER OF DEATH 28. Netural 5 Pending	atlent 2 ER/Outpatient 3 DC  a. DATE OF INJURY (Month, Day, Year)  28b.	TIME OF 28c. IN.	IURY AT DRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW to	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	PLACE OF INJURY — At home, fa building, atc. (Specify)	rm, street, factory, offic		281. LOCATION (Street : City or Town, State)	and Number or Run	al Route Number,
COMPLETED	CONSON ONLY	the best of my knowledge, death or basis of axamination and/or investi					e(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	as los		29c. LICENSE NUN	18 9 A	29d. DATE SIGN	IED (Month, Day, Year)
2	20 AME AND ADDRESS OF PERSON WHO COMPLETED ADDRESS OF PERSON WHO COMPLETED AND ADDRESS OF PERSON WHO COMPLETED ADDRESS	eted cause of oeath (ITEM 27)		x 263	36 Sau	lis bus	y mo2180/
5	DEC 21 1992	REGISTRAR'S SIGNATURE Lia Davidson-Randal					/



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DIVISION OF VITAL RECORDS, P.(	
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND		GIENE G. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)				4	2. DATE OF DE	EATH DAY	YEAR 3. 1	TIME OF DEATH	
		Harvey G.			White	taker	Decer		1992	1238	M
2		4. SOCIAL SECURITY NUMBER 24-38-8373	1 M 2 🗆 F	n yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 6-10-	Year)	Country)	ce (State or Foreign rolina	7
2, 3 should	OR	9a. FACILITY NAME (If not institution, give PENINSULA REGION		ENTER		OR LOCATION OF E	DEATH	1111	COMIC		
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNT	comico	7,000	Salisb					I. INSIDE CITY LIMITS? YES 2 NO	_
15	FUNERAL	100. STREET AND NUMBER 681 Fitzwater			10	7. ZIP CODE 21801			S.A	COUNTRY?	
21215-0020 al or attending physician. for use as the burlat-transit	BY	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DEC	CENDENT OF HISPA Decify Cuban, Mexic 3 2 NO Speci	an, Puerto Rican,	city Yes or No-	14. RACE — / Black, Wh	American Indian, ofte, etc.	þ
01 0 =	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Completed)  Coffege (1-4 or 5 +)		B USUAL OCCUPATE work done during me se retired.)		16b. KIND	OF BUSINESS/INDU			
LAND the hospital detached to once.	COMPL	8		Labor	er		No	one			
YLAND by the hospitu be detached at once.	S	17. FATHER'S NAME (First, Middle, Last)		100000000000000000000000000000000000000		18. MOTHER'S N	AME (First, Middle,				_
# 66 ×	BE	Tee Whittaker					Whitts				
MAR retained 5 should notified	0	19a. INFORMANT'S NAME (Type/Print)						y or Town, State, Zip (	·		
		Boddie Tee Wh-						Md. 21			
OR IOR		1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State com	etery, crematory or o	DF DISPOSITION (No other place)			20c. LOCATION — C		State	
IMORE Page 6 may I director, pa		21. SIGNATURE OF FUNERAL SERVICE LI		reen A		ND ADDRESS OF F	ACILITY	Salis.	140.		_
BALTIMORE, after death. Page 6 may be by the funeral director, page moval. cel examiner must be		* Gladys B	. Stewar		Clin	ton F.S	Stewart	821 Salis	. Md . a		
SO, within 24 nours spletely filled in the cremation, or referent, the medi		23. PART I. Enter the diseases, or shock, or ijeart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ich line.	Cardia			r reapiratory arre	et,	Approximate interval Betwo Onset and De	
0 8 5 5 F	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b								
RECORDS requires that the seen signed by the of Health and M shows any Injury	HEDICAL C	COPD, at ral	tibullation.	ut not resulting	In the underlyin	g cause given in		MAS AN AUTOPSY PERFORMED? YES 2 NO	COA OF	RE AUTOPSY FINDIR ILABLE PRIOR TO IPLETION OF CAUS DEATH? YES 2 NO	
2 8 8 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	theck only one)				_
VITA	SIC	1 YES 2 NO	HOSPITAL:	etlent 3 DOA	OTHER: 4   Nursing Hon	ne 5 🗆 Residence	6 Other (Spec	iffy)			
PHYSIC this ce with tr	BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	JRED		
DIVISION BEETT Wer	CETED B	3 Suicide 6 Could not be determined	28e. PLACE DF INJURY building, atc. (Speci	— At home, farm,	street, factory, offic	De .	281. LOCATION City or Town	(Street and Number of 1, State)	r Rurel Route	Number,	
325	COMPLE		ICIAN: To the best of my knowle							I manner as states	4.
FUN FUN		296. SIGNATURE AND TITLE DE CERTREIE				29c. LICENSE NU			SIGNED (Mor		
TO THE HOSE TO THE FLIV De filed with	BE	- Lack	مطا			D266			-16-3	,	
FFM	2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	o, Print)				-	-	
	, [	m.E. Crose	r 102 6:	-1 191-8	to usq.	4.7,50	General	MG 5'	801		
	+	31. DATE FILED (Month, Day, Year)	12. REGISTHAR'S SIGNA	Randa 00							

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

92 38005

	REGISTRAN			CHIIL	ICAL	E Ur	DEA	П		REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Lest)  Charles Roy Ba	arclay							2. DATE MONT	OF DEATH E	MY 9	YEAR 92	3. TIME OF DEATH 6:18 P M
	4. SOCIAL SECURITY NUMBER 213-12-5332	5. SEX 1 📉 M 2 🔲 F	8. AGE (In yrs. Is 71	st birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS.	(Monti	OF BIRTH 1, Day, Year) -13-	71	a. BIRTH Countr Ter	
	9a. FACILITY NAME (If not institution, give a	street end number)			96. CIT	Y, TOWN	OR LOCATION	ON OF DI		15.		INTY OF D	
DIRECTOR	Elkton's Union		al			Elk	tton				C	ecil	
8	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
		cil		W	arw								1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER						f. ZIP CODE				16g. CIT	IZEN OF V	WHAT COUNTRY?
N	1105 Cecilton						2191					.S.A	
	1 Never Married 2 Married		YES 2	NO NO		If yes, sp	ecify Cube	n, Mexica	in, Puerto I	I? (Specify Ye Rican, etc.)	s or No-	14. RACE Black	E — American Indian, k, Whita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	XXNO	Specifi	y:			Speci	White
G3	15. DECEDENT'S EDU (Specify only highest grade	JCATION COMPOSITE (1)	16a. Di	ECEDENT'S	USUAL C	CCUPATION	DN	20	16b	KIND OF BU	SINESS/IN	DUSTRY	WIIILE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6+	) 1	No NOT us									
MP	8	0	Aut	omol	bile	As	sem	bleı	r A	utomo	bil	e In	ndustry
8	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	HER'S NA	ME (First, I	Viddle, Malden	Surname)		
H	George NMN Bar	rclay					Ja	ane	tte	Wilso	on		
2	19s. INFORMANT'S NAME (Type/Print)									oer, City or Tow			
. 1	Ada D. Barclay	<u> </u>						Wary	vick	Rd.	War	wick	Md 2191
	1 Burial 2 Coremetion 3 Rem	noval from State	20b. PLACE cemetery, cri	ematory or o	ther place	}		1.0		E 20c. LC			wn, Stata
	4 Donation 6 Other (Specify)	Donal	Capit	01 (	Cren	nato	ND ADDRES	12-	31-9	2 Dos	zer.	De.	
	William J	King			Fe	110	WS ]	Fune	eral	Home	25,	P.A.	PO Box 27
	23. PART I. Enter the disesses, or	complicetions that	caused the de	eath. Do r	not ante	ths mo	de of dyl	ing, suc	h ss cere	llec or resp	Iratory ar	reat,	Approximata
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	acu		1400	his	dia	1	mp	ac	hom			Interval Batween Onset and Death
Z	Securedially list and distant	. Cor	orar 4	· a	int	ery	1 4	Dis	con	-			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A COMSE	QUENCE OF	F):								
걸	CAUSE (Disease or Injury	c	OR AS A CONSE	ALL DE CO	,								
Ē	that initiated events resulting in death) LAST	1502 101	(OII AS A CONSE	OULHOE O	r).								
B		d											1
A.	PART II. Other algnificent condition	na contributing to	daath but not	reaulting	In the u	nderlyin	g ceuse g	given in	Part I.	24a, WAS AN PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									_ 1	1 TYES	□ NO		COMPLETION OF CAUSE OF DEATH?
ME													1   YES 2   NO
Z													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE DF DI	EATH (Ch	eck only on	•)			
IYS	1 TYES 2 NO	1   Inpatient 2			4 🗆 Nur	sing Hom	6 5 □ Re	sidence	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF (Month, Da		26b. TIM INJ	URY		PK?		28d. DES	CRIBE HOW	NJURY OC	CURED	
B	2 Accident Investigation	84 - PL 405 O			М		YES 2	NO					
TED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At ho etc. (Specify)	ome, tarm, s	street, fac	tory, offic	•		26f. LOC	ATION (Street or Town, State)	and Numbe	r or Rural R	loute Number,
OMPLET	29e. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of	my knowledge, de	ath occum	d at the t	time, data	and placa,	and dua	to the cau	se(a) and ma	nner as ste	ted.	
8	one) 2 MEDICAL EXAMINE												) end manner as stated.
C	296. SIGNATURE AND-TITLE OF CERTIFIE	1/10/	//	111	9		29c. LICE	NSE NUM	ABER .		29d, DAT	E SIGNED	(Month/Day, Year)
00	and	4//	1000	141)			D.	04	1799	12	<b>&gt;</b> /	2/3	1/92
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETED CAUS	E OF BEATH (ITE	М 27) (Туре,	Print)							/	,
,	31. DATE FILED (Month, Day Mer)	P. REGISTRAL	R'S SIGNATURE										
6	U 4 30	Juna vav	dson-Range	عالما									

12/20

Mary Control State

BALTIMORE, MARYLAND 21203-3146

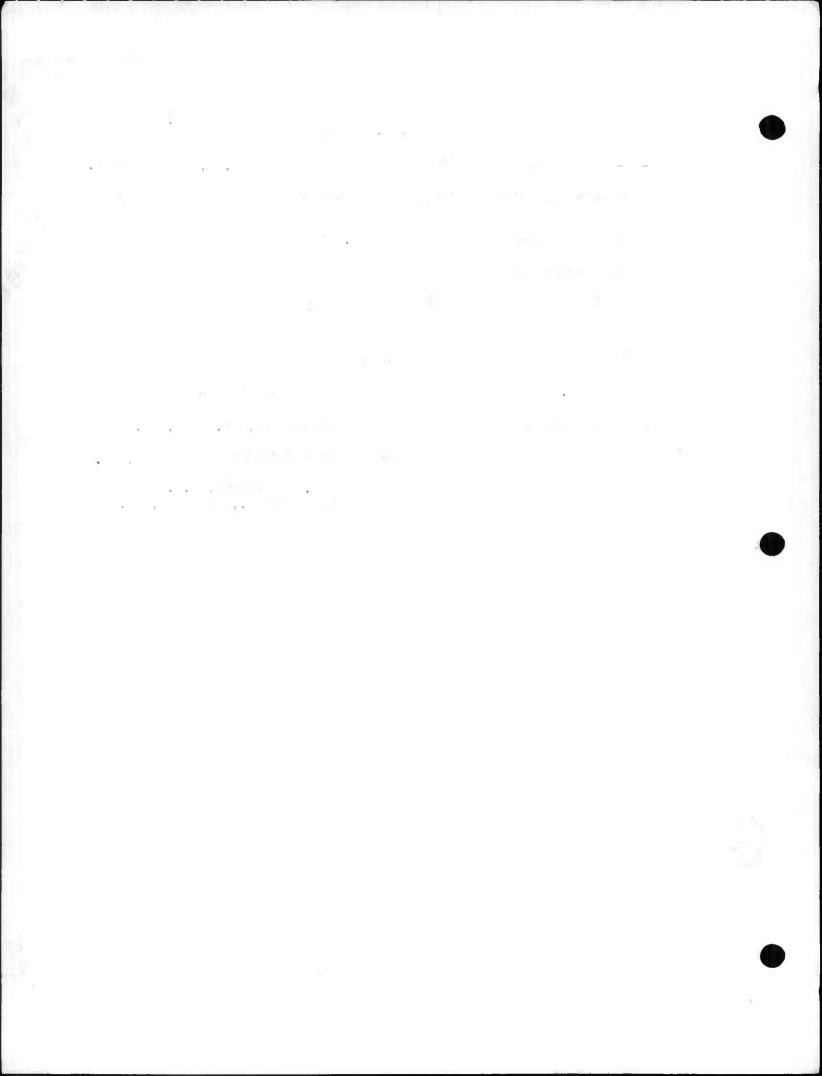
## TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTOR Be filed within 72 hours the IMPORTANT: If Item 2

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN			F HEALTH AND I	MENTA	L HYGIENE		Tonig	
i	1. DECEDENT'S NAME (First, Middle, Last)						OF OEATH		3. T	TIME OF DEATH
1	Virginia May Br	obander				MON	3	0 9	AR 2	3:30 AH
	THE SHALL SHOW THE SH	ALL ST	rs. last birthday)	MONTHS DA	AR IF UNDER 24 HRS.	(Mon	th, Day, Year)		Country)	CE (State or Foreign
1	9a. FACILITY NAME (If not institution, give street		87 YRS.	9b. CITY, TO	WN OR LOCATION OF DE		26/05	9c. COUNTY	hio OF OEATH	1
5	Cumberland Nur				perland			Alle		
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		the CIT	Y, TOWN OR L	OCATION					I, INSIDE CITY
FUNERAL DIRECTOR	Maryland Allega	any		mber						LIMITS?
A	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
Ä	628 Washingto				21502			US		
5	11. MARITAL STATUS 12.  1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	NO	It ye	DECENDENT OF HISPAN s, specify Cuban, Maxica			or No— 14.	RACE - A Black, Wh	American Indian, illa, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE:	8	1 🗆	YES 2 NO Specify	/:			Specify:	white
윤	15. OECEDENT'S EDUCATION (Specify only highest grade com	ON 16 pileted)	a. OECEDENT'S	USUAL OCCU	PATION og most af working	16	b. KIND OF BUS	INESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12) C	college (1-4 or 5+)	house				own	home		
OME	17. FATHER'S NAME (First, Middle, Last)		House	WILE	18. MOTHER'S NA	ME (First,	Middle, Maiden	Surname)		
BE C	Alonzo Birkhim	ner			unkn					
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	reet and Number or Rural i	Route Nur	nber, City or Town	n, State, Zip Coo	te)	
۴	Dorothy Peterse				ngton St.	, Cu				
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Removal  4 Donation 8 Other (Specify)	from State of	her place)		of cemetery, cremetory or			CATION — City		
	The Constitute of Funerial Service Licens		anavie		netery ME AND ADDRESS OF FA	CILITY		Salem	,011	10
	Dougkas !	s Hale	7		er Chapel					
$\neg$	23. PART I. Enter the disesses, or com				Nationa mode of dying, suc					Approximata
	shock, or heert fallure. List IMMEDIATE CAUSE (Final disease or condition	•		- 1	10-7					Intarval Between Onset and Death
	resulting in daeth) s	DUE TO (OR AS A CO	ONSEGUENCE O	F):	affeihe	-				
z	<b>C</b> b.	C	AD.							
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE O	F):						
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE O	F):						
CERTIFICATION	resulting in death) LAST									
	PART II. Other significant conditions c	ontributing to deeth but	not reaulting	In tha unde	riying cause given in	Part i.	24a, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
ICAL		Cerebovan	.di)	ene.			PERFOR	4	co	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MED							/			YES 2 NO
ä										
PHYSICIAN: MEDIC		OSPITAL:		QTHER:	26. PLACE OF DEATH (C)					
HYS	27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpation 28e. DATE OF INJURY	26b. TIN	E OF 28	Home 5 Rasidence	T	ter (Specify) ESCRIBE HOW I	NJURY OCCUR	ED	
ВУ Р	1 Natural 6 Pending Accident Investigation	(Month, Day, Year)	IN.	JURY	WORK?					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)		street, lactory	, offica	281. LC	CATION (Street in by or Town, State)	and Number or	Aural Aoute	e Number,
E	DO CENTIFED									
COMPLETED	and and	N: To the best of my knowled On the besis of examination a							auso(a) an	d manner as stated.
M M	29b. SIGNATURE AND TITLE OF CERTIFIER	lun	2.	MD	29c. LICENSE NU	MBER	3 (	29d. DATE S	IGNED (Mo	orgh, Day, Year)
2	P.B. ILLAN	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type	S. Print)	Elevit.	a	mbe	la.	1/	1d 2150
	31. DATE FILED (JAN 04 1993	32 AEGISTRAD'S SIGNATI	Polat	•						

	REGISTRAR  1. DECEDENT'S NAME (First, Middle, L		Foscue		eard	OF	DEAI	<u>n</u>		F DEATH DA	2/14/9		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs.		IF UNDER 1	VEAR	IF UNDER	DA LIDE	7. DATE O		1 199		ACE (State or Foreign
	079-26-8874	1 🗆 M 2 🙀 F	60	YRS.		DAYS	HOURS	MIN.	(Month.	6,193		Country)	York
	9a. FACILITY NAME (If not institution, s	give street and number)			96. CITY,	TOWN 0	OR LOCATIO	N OF DE		0,1/		TY OF DEAT	
CTOR	Frederick	Memorial H	lospita	1		Fr	reder	ick			F	reder	ick
DIREC	1 10a. STATE 10b. CO	UNTY		10c. CI	TY, TOWN OR	LOCAT	NOI					10	d. INSIDE CITY
	Maryland M	lontgomery				_	nascu						YES 2 X NO
ERAL	9201 Gue	Road				107.	ZIP CODE	872			10g. CITIZ	US.	A COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		H	yes, spe	ENDENT O	, Mexica	in, Puerto Ric	(Specify Yes	or No—	Black, W	American Indian, Thita, etc.
COMPLETED	15, DECEDENT'S (Specify only highest ( Elementary/Secondary (0-12)			life. Do NOT u	work done du	CUPATIO	ON st of working	7	16b. ř	CIND OF BUS	thess/indu	STRY	
ш	17. FATHER'S NAME (First, Middle, Last Augustus	Lyndon F	oscue				18. MOTH			E. Sr	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print)  Donald S. Bea	and		19b. MAILING								Code)	
	20a. METHOD OF DISPOSITION		20b. PLA	CEAND DATE		-		amas	DATE	Md. 2	CATION C	ltv or Town	State
	100 Buriel 2 Cremation 3 4 Donation 6 Other (Specify)	Removal from State	_ cemetery	cremetory or camasci	us Met	thod	list	12/	19/92		Damas		
i i	21. SIGNATURE OF FUNERAL SERVICE	Molesu	th	,		Olir		Mole	eswor	th, P.	Α.		20872
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ter	ment (OR AS A CON	ne.	toto	te	uti	rin	é S	aren	~		Interval Between Onset and Death
-ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	G	(OR AS A CON										
CERTIF	that initiated events resulting in death) LAST	d	(On AS A CON	SECUENCE O	er j.			_			_		
CAL	PART II. Other significant cond	itions contributing to	deeth but no	ot resulting	in the und	erlying	cause g	iven in		PERFOR	MED?	CO	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE
N: MED						_			-				DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER:		ACE OF DE	ATH (Ch	eck only one)				
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Conpetient 2 C	INJURY	28b. TIA	4 🗆 Nursi	ng Home		idence	6 Other (	Specify) RIBE HOW IN	JURY OCC	PRED	
ВУ	1 Netural 5 Pending 2 Accident Investigat 3 Suicide 8 Could par	ion 26s. PLACE O	F INJURY — AI		M	1 🗌 Y	rES 2	NO	28f LOCAT	ION (Street a	nd Number o	er Rumal Boud	a Number
ETED	4 Homicide datermine	building,	etc. (Specify)			,,			City or	Town, State)	no Number o	rioral riode	- rearrible,
COMPLET		HYSICIAN: To the best of MINER: On the besis of a											nd manner as stated.
$\times$	29b. SIGNATURE AND TITLE OF CERT	IFIER /	h	1			29c. LICE	NSE NUA	MBER		29d. DATE	SIGNED (M	onth, Day, Year)
BE	Critic	12.1	and	Con.		_		レー・	18171	/ I		121.	731-
ш	30. NAME AND ADDRESS OF PERSON		SE OF DEATH (	TEM 27) (Type	a, Print)				1817		<b>&gt;</b>	12/1	ファレ
BE	Critic	MANAZI	SE OF DEATH (	18	a, Print) 7 Les	روب					wich	12/1	21702

BALTIMORE, MAR	THE HOW THE HOW THE NOTIVE OF THE PROPERTY The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE PROPERTY STATE this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be first many many death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PHYS	this
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		- 23

_	1 - STATE REGISTRAR	SINIE UP II					DEAT	H	NTAL HYGIEN REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Lust)		hans		Ba	ırnaı	rd	2	MONTH	2/16/9	Z STI	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 415-44-3263	5. SEX	6. AGE (In yrs. le	st birthday) YRS.	MONTHS	DAYS	HOURS 1	MIN.	(Month Pay Year)	29	Country) Tenn	E (State or Foreign
OR	9a. FACILITY NAME (If not institution, give to Frederick Me		ospital		96. CIT		eric	N OF DEAT		9c. COUNT	y of DEATH lerick	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION				10d.	INSIDE CITY
		oward			Mt	. Aj					1 🗆	LIMITS? YES 2 1 NO
FUNERAL	1851 Florence	ce Road				10f	ZIP CODE 217	71		10g. CITIZE	USA.	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 D	PMED NO		If yes, sp	ENDENT OF ecify Cuban 2 (XNO	, Mexican, I	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No- 1	4. RACE A Black, Whi Specify: Wh	merican Indian, te, etc.
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Specondary (0-12)		(0	. Do NOT u	work done	CCUPATIO during mo	ON st of working		166. KIND OF BU	ming		
BE COMP	17. FATHER'S NAME (First, Middle, Last)  John H. I	Barnard					N	ora V	(First, Middle, Maider Vinkler			
TO BE	194. INFORMANT'S NAME (Type/Print) Cordie Lee Bart	nard		18	351 1	lore	ence		Mt. Air			1
unst.	20e. METHOD OF DISPOSITION  © Burlel 2 Cremation 3 Rem  4 Donetion 5 Other (Specify)		20b. PLACE cemetery, cn	CIODATE	OF DISPOS	Bapti	st l	2/20/	92 20c. LC	Lisbor		tate
examiner	21. SIGNATURE OF FUNERAL SERVICE LI	Molan	ath			lin		olesw	orth, P.		íd. 20	872
event, the medical	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. ALL	k M	766	chili		de of dyin			fratory arres	st,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSE	QUENCE O	F):							
MEDICAL	PART II. Other significant condition	es contributing to	deeth but not	resulting	in the u	nderiyinç	g cause gi	ven in Pa	rt I. 24e. WAS AN PERFO	RMED?	COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \( \sum \) NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Check	only one)		J	
marked, or item 23 s BY PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY	28b. TIN	4 🗆 Nu	28c, INJ WO		2	Other (Specify)  Id. DEŞCRIBE HOW	INJURY OCCU	PRED	
ا ۵ ا	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, ferm,	street, fac	tory, office		20	Bf. LOCATION (Street City or Town, State		r Rural Route I	Number,
COMPLETE	29a. CERTIFIER 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the bast of ex										manner es stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Com	~	7			29c. LICEN	SE NUMBE	ER )	29d. DATE !	BIGNEO (Mont	h. Day, Year)
-	30 NAME AND ADDRESS OF PERSON WIT	Llucy	MM 3	104.	S/L	ST	Prote	with.	110			
	DEC 1 8 1992	32 REGISTRAI	Mason-Ran	ndelle								



TO THE HOSPITAL OR ATTEMENT TO SAN REQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

F VITAL RECORDS, P.O. BOX 68760,

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1 - STATE

## 92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEGIS I NAN		CE	RIIF	CAIC	UF	DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Harry Edward C	onover,	Jr.					De	0.0	3, 1	992	5:00 p
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER 24 HRS.		OF BIRTH		8. BIRTH	PLACE (State or Foreign
184-12-5297	1 √ M 2 □ F	71	YRS.	MONTHS	DAYS	HOURS MIN.	6/	18/21		Country	" PA
9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN (	OR LOCATION OF O				NTY OF DE	
Church Street	(at home	)	- 1	Q.	11.1	ersvil	1.0			0	٨
RESIDENCE OF DECEDENT	Tat Home	- /		<u>D</u>	uuı	ELSVII	те			Q.	Α.
10e. STATE 10b. COUNTY	1		10c. CITY	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY
MD Q.	A .			Sud	ler	sville					LIMITS?
10e. STREET AND NUMBER					10	, ZIP CODE			10a CIT		HAT COUNTRY?
Clause In Change						21660					
Church Street	12. WAS DECEOENT E	VED IN II C ADD	450	1 40 11	***	21668				US	
1 Never Married 2 Married	FORCES? 1	YES 2 N		If	yes, sp	ENDENT OF HISPA ecity Cuben, Mexic	an, Puerto		or No-	14. RACE Black	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1	☐ YES	2 NO Speci	ffy:			Specif	
15. DECEDENT'S EDUC	CATION	140 DEC	EDENITIO.	1			1				White
(Specify only highest grade	completed)	(GA	e kind of w	USUAL OC	uring mo	st of working	161	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)							TT: 10		1 73	
8		Fa	rm M	lain	taı	ner		Windf	iel	d Fa	rms
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA					
Harry Edward C	onover,	Sr.				Mar	tha	Eliza	betl	h Ha	rkins
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street s	nd Number or Rural	Route Num	ber, City or Tow	n, State, Zig	o Code)	
John Conover			P. (	). B	OΧ	56-A,C	entr	evil1	e Mi	D 21	617
20a. METHOD OF DISPOSITION		20b. PLACE A					DAT	-		City or Ton	
1 Burial 2 Cremation 3 Remo	oval from State	cemetery, cren	natory or ot	her place)			1	100		-	
21. SIGNATURE OF JUNERAL SERVICE LIC	eures /	Cru	mpto			tery 1		<b>792</b> C	rum	oton	MD
						D ADDRESS OF FA		7 **		D 4	
23. PART I. Enterthe diseases, or o	+///en/	1		F	eri	ows Fu	nera	T HOL	ie,	P.A.	21651
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OF	R AS A CONSECURAS A CONSECURAS A CONSECU	UENCE OF	):		holsuci	/,	SIA	soa.	\$6	
PART II. Other algoliticent condition	a contributing to de	eth but not re	euiting i	n the unc	deriying	g cause given in	Part I.	24s. WAS AN PERFOR	IMED?		WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE
											OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCOLY					ACE OF DEATH (C)	heck only o	ne)			
1 YES 2 NO	HOSPITAL:	R/Outpetient 3 (	DOA	OTHER		e 5 🗆 Residence	6 Doth	er (Specify)			
27, MANNER OF CEATH	28a. DATE OF INJ	JURY	28b. TIME	OF	28c. INJ	URY AT	1	SCRIBE HOW I	NJURY OC	CURED	
1 Netural 5 Pending	(Month, Day,	10 <i>01</i> )	INJU	JRY M	WO	RK? YES 2 NO	1		00 500		
2 Accident Investigation	28e. PLACE OF IN	JURY — At ho-	le lerr	trant fout-			204 1 0 0	ATION (C)	and At		
3 Suicide 6 Could not be 4 Homicide determined	building, etc.	(Specify)	·-, ra/III, \$	cress, INCIO	y, orne			ATION (Street a or Town, State)	ind Number	or Hunai Ad	oute Number,
29a. CERTIFIER (Check only one)   1   CERTIFYING PHYSIC ONE)   2   MEDICAL EXAMINE	CIAN: To the best of my R: On the basis of exam										and manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
Bulmin	Paron 1	40							•	17.	19-00
30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE	DE DEATH OTEM	27) /5~~	Print)					/	00	172
			y ( ry/pw,	. 1111/							
DEC 3 0 92	Julia Davidson	SIGNATURE - Pandall									

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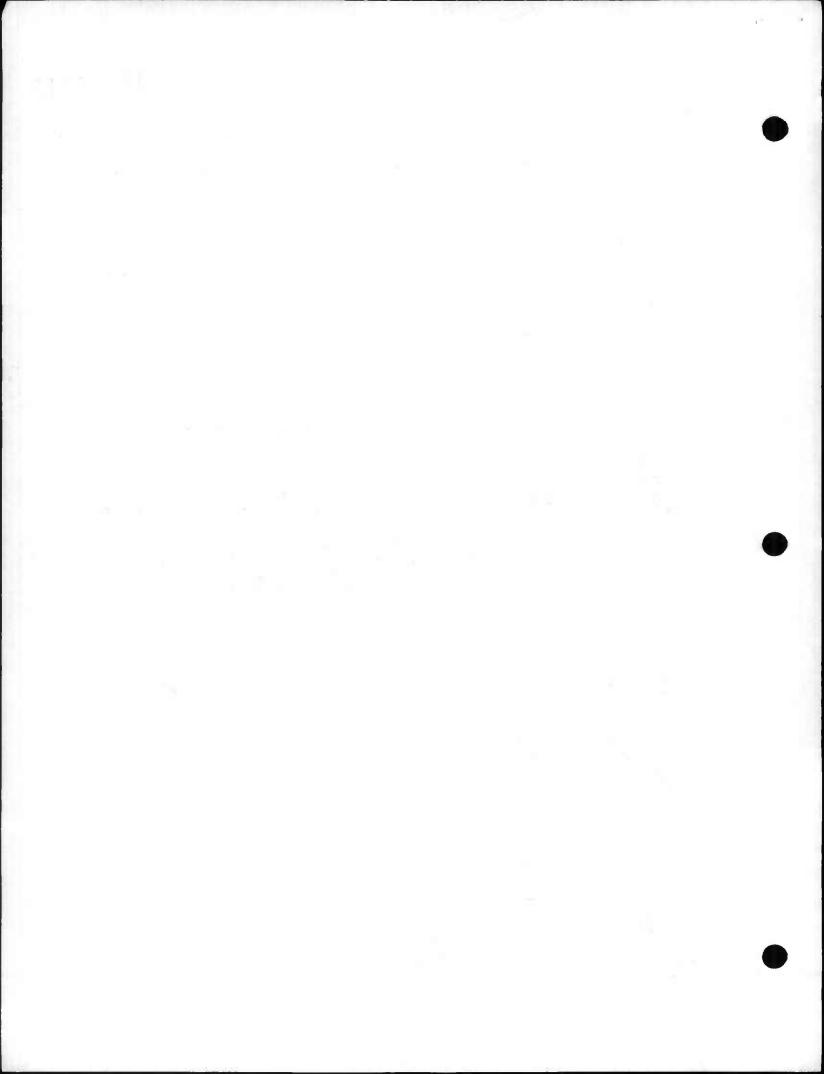
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If them 28 is marked, or frem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		- OL	attinic	AIL VI	DEATH		REG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Las	, Merbert Coll	i florro	**			2. 0	ONTH 14,	Maa2	YEAR	3. TIME OF DEATH 4:36 P. M
	4. SOCIAL SECURITY NUMBER						_		1334		
	214-10-3571	5. SEX 6.	AGE (In yrs. lest		OHTHE DAYS	HOURS MI	(4	ATE OF BIRTH Worlth, Day, Year) Lay 7, 19	912	Count Md	
	Se. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOWN	OR LOCATION O		LLY / 5 I.		NTY OF D	
OB	Frederick Memori	al Hospital				ederick					erick
5	RESIDENCE OF DECEDENT										
DIRECTOR	Md .	Frederick			iddlet						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
A L	10s. STREET AND NUMBER				- 1	Of, ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	118 Locust	Ct.				21	769		Ţ	J.S.A	٨.
15	11. MARITAL STATUS	12. WAS DECEDENT EX			13. WAS DE	CENDENT OF HI	SPANIC OF	RIGIN? (Specify Yes	or No-	14. RACI	E — American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR		0		pecify Cuben, Me S 2 X NO S		erio Ricen, etc.)		Spec	k, White, etc. //y: lite
品	15. DECEDENT'S Et (Specify only highest gra		16a. DEC	CEDENT'S US	SUAL OCCUPAT k done during n etired.)	ION lost of working		16b. KIND OF BUS	SINESS/INC		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			esiden			man	factu	ring	g co.
Ö	17. FATHER'S NAME (First, Middle, Last)						NAME (FI	irst, Middle, Meiden	Surname)		
BE (		Colliflower					e Fr	-			
2	190. INFORMANT'S NAME (Type/Print) Patsy Bussard							Number, City or Tow.		769	
	20a. METHOD OF DISPOSITION 1	moval from Stata	20b. PLACE Al	ND DATE DF	DISPOSITION (/	lame of	1		CATION -	-	
	4 □ Donation 5 □ Other (Specify) 21/SIGNATURE OF FUNERAL SERVICE		Smith	sburg		tory		2/15 Smi	thsbu	ırg,	Md.
	Mally Me	TOPK_			Don	ald B.	Thom	pson Fu			
	23. PART I. Enter the diseases, o	complications that ca	used the dea	th. Do not	enter the m	ode of dvino	SUCh as	. Middle	e LOWI	1 PK	1. 21769 Approximata
	snock, or neart failure IMMEDIATE CAUSE (Final	List only one cause	on each line.	,		-					Interval Between Onset and Death
	disease or condition resulting in death)	a. DUE TO JOR	AS A CONSECU	GENCE OF	1/5	P bu	nell	ne.	ry		menufice
N	Sequentially list conditions,				-Hea	NFa	elu	nc:			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A COUSEO	UENCE OF):							
IFIC	CAUSE (Disease or injury that initiated events	CDUE TO (OR	AS A CONSEQU	UENCE OF):							
EHI	resulting in death) LAST	d									
	PART II. Other significant conditi	ona contributing to dea	ith but not re	sulting in	the underlyle	ng cause giver	in Part			246	. WERE AUTOPSY FINDINGS
EDICAL	COPP							PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC									2 110		OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	26. I	PLACE OF DEATH	(Check on	nly one)			
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER		DOA 4	☐ Nursing Ho	me 5 🗆 Resider					
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y		28b. TIME (	Y W	JURY AT ORK? YES 2 NO		DESCRIBE HOW I	NJURY OC	CURED	
	3 Suicide 6 Could not b	28a. PLACE OF IN building, atc.	JURY — At hom (Specify)	ne, farm, stre	et, factory, off	ce	281.	LOCATION (Street a City or Town, State)	and Number	r or Rural I	Route Number,
LE.	29a. CERTIFIER CERTIFYING PHY	SICIAN: To the best of my	knowledge, des	th occurred	at the time, de	e and place, and	due to the	cause(e) and mer	oner se ete	tad.	
COMPLETED		NER: On the basis of axami									a) and manner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIF	IER				29c. LICENSE	-,1	,	29d. DAT	E SIGNED	(Manth, Del, Year)
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE O	F DEATH (ITEM	27) (Type. Pr	rint)	10 26	>(6			17	111192
	Allen J.	Gilson	1	47	5 7	Ane-		tre	F1	CD	ND 21702
	DEC18	32. REGISTRAR'S	4	andull							
-											



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Amanda Cottman

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICATE O	F DEATH	REG. N	10.		
1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF DEATH		3. TIME OF DEA	ATH
Amanda Janie	Cottman				10 - 1	7 -19	92 2:30	РМ
4. SOCIAL SECURITY NUMBER		3. AGE (in yrs. last birthday  9.1 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Morith, Day, Year) 9-9-0		BIRTHPLACE (State or F	
9a. FACILITY NAME (If not institution, give	street end number)	91	100	OR LOCATION OF C		9c. COUNT	Y OF DEATH	
Salisbury Nursin			Salis			Wice	omico	
Salisbury Nursing RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MD. Wid	comico	2000	TY, TOWN OR LOC		Fruitla	nd	10d. INSIDE CIT LIMITS? 1 X YES 2	
100. STREET AND NUMBER 305 Louise 11. Marital Status	Ave			101. ZIP CODE 2182			N OF WHAT COUNTRY? USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 F IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF HISP/ specify Cuban, Mexic ES 2 NO Spec	NNIC ORIGIN? (Specify tean, Puerto Rican, etc.)	Yen or No- 14	I. RACE — American Ind Black, White, etc. Specify:	dian,
15. DECEDENT'S ED (Specify only highest grad		(Give kind o	'S USUAL OCCUPA work done during		16b, KIND OF E	USINESS/INDUS	B1k	
Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)		retire	ed .	Do	mosti		
					AME (First, Middle, Maid			
John Wesley  19e. INFORMANT'S NAME (Type/Print)	King	19b, MAILIN	IG ADDRESS (Stree	t end Number or Rumi	Josphi Route Number, City or 1			- 0.0
Pauline Pone	ar		Louis		Fruitlan		500)	
20s. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Red  4 Denation 5 Other (Specify)	moval from State	20b. PLACE AND DATE cemetery, crematory or	e of Disposition (	Name of	10611		y or Town, State	
21. SIGNATURE OF FUNERAL SERVICE L		I St. M	22. NAME	AND ADDRESS OF F	1574 Sa		ne MD.	
Jusull	tock	~	Foo	ks Fune	ral Sser	vices		
23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)	List only one cause	on aach lina.						Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE	or,.	Redong	Dise	use	Paris,	
resulting in death) LAST	d							
PART II. Other significant condition POSSIBLE Dementi	CAd	EsophA		ng cause given in	Pert i. 24a. WAS / PERFI	AN AUTOPSY DRMED?	24b. WERE AUTOPSY F MAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES	R TO CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 SNO  27. MANNER OF DEATH	HOSPITAL:		QFHER:	PLACE OF DEATH (C	heck only one)			
1 YES 2 NO		R/Outpatient 3 DOA	Nárelng Ho		6 Other (Specify)			
1 Natural 5 Pending Investigation	(Month, Day,		UURY V	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUI	RED	
0 0.1-14-	26e. PLACE OF I building, ato	NJURY — At home, farm, c. (Specify)	, atreet, factory, of	lice	28f. LOCATION (Stree City or Yown, Stell	et end Number or te)	Rural Route Number,	
	SICIAN: To the best of my IER: On the basic of exam							stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)	)
- u	COX N	10		1) 39	1813	10	11919-	2
30, NAME AND ADDRESS OF PERSON W	HU COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	e, Print)					
A 41 A 4 4 A 4 1 1 1 1 1	100							

**\*** 

with:

YEAR

992

9c. COUNTY OF DEATH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

14. RACE — American Indian, Black, White, etc. Specify: White

West Virginia

1 YES 2 NO

Approximate Interval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

Onset and Death

11:30 AM

2. DATE OF DEATH MONTH DAY

DECEMBER 31

7. DATE OF BIRTH

1075/1897

OR	that	d ber	Ith an	any
EC	uires	sign	Hea	OW'S
DIVISION OF WHAL RECOR	TO THE HOSPITAL OR ATTENDING PHYSI AN: THE IS IN TRUITES that	TO THE FUNERAL DIRECTOR: After this ce tifical has been signed by	ept	IMPORTANT: If Item 28 is marked, or Item 23 shows any
TA	X	To the same	ate D	E C
X	AN	e vinc	S	0
ō	PHYS	this c	with	rked
O	DING	After	death	8 ma
<u>S</u>	UTEN	CTOR:	after	28
2	OR A	DIRE	hours	met
	PITAL	ERAL	In 72	10.00
	HOS	FUN	with	ITAN
	王	H	filed	100
	2	5	2	Ŧ

BE

2

2

1 - FOR STATE REGISTRAR

8 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 🗌 M 2 😿 F

**EVA MAY CORBIN** 

4. SOCIAL SECURITY NUMBER

234 96 2363

296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (MONT) Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DR. AUDBERTO FLORES, M.D., 924 SETON DRIVE, CUMBERLAND, MD 21502

2,3	СТОВ	SACRED HEART H	OSPITAL		C	UMBERLAND		A	LLEGANY
ft. Pages 1.	DIREC	10a. STATE 10b. COUNTY	shire	10c. CITY, TO ROM	ney	CATION			10d. INSIDE CIT LIMITS? 1 YES 2
n. ansit permit.	FUNERAL	HC 81, Box 124				101. ZIP CODE 26757		U.S.	OF WHAT COUNTRY?
215-0020 attending physician. se as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	XIX NO ATES	If yes,	DECENDENT OF HISPANIC specify Cuben, Mexican, ES XX NO Specify:	ORIGIN? (Specify Y Puerto Rican, etc.)	- 2	RACE — American Ind Black, White, etc. Specify: White
2121 al or afte for use a	ONCE.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) N/A	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti Homemak	ione during red.)	ATION most of working	166. KIND OF B	USINESS/INDUST	RY
YLA by the	75 m	17. FATHER'S NAME (First, Middle, Lest) Joseph Edwa	ard Nealis				lane gar	noe	
E, MAR y be retained age 5 should	TO BI	Joseph D. Corbin	Sr.	19b. MAILING ADD 48 E	ness (Sime Indle	et and Number or Rural Roo r Ave., Ron	ney, WV	own, State, Zip Code 26757	e)
6 may	Must	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		PLACE AND DATE OF DIS etery, cremetory or other of CONCERN CENT				omney, W	
	examiner	21. SIGNATURE OF FUNERAL SERVICE LICE  SAULY M	rand			and address of facil affer Fune O East Mair			₩ 26757
within 24 nours at appetely filled in by cremation, or remo	event, the medical	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cut	the deeth. Do not each line.	Zen	mode of dying, such	zulu	piratory arrest,	Approxin Interval E Onset an
P.O. BOX 68 th certificate be executed by the physician and Hygiene prior to bur	or other traumatic on ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Rece	CONSEQUENCE OF):	chol	Engolites,	chelen to che	lick on	dika;
ECORDS, For a price of the death of the atternal of the attern	MEDICAL C	PART II. Other algorificent condition	s contributing to deeth be	ut not resulting in th	e underly	ring cause given in P	ort I. 24a. WAS A PERFO	AN AUTOPSY ORMED? 2 ☑ NO	24b. WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2
AN:	ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSFITAL: 1 Plopatient 2 - ER/Outp		HER:	PLACE OF DEATH (Check			
TENDING PHYSI TOR: After this ca	B A	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY  — At home, ferm, street	M 1[	WORK? YES 2 NO	8d. DESCRIBE HOW 81. LOCATION (Street		
DIVI DAL OR AT AL DIRECT 72 hours a	ANT: If Item 28 is COMPLETED	4 Homicide determined  29e. CERTIFIER (Check only	building, etc. (Spec Ctan: To the best of my knowl R: On the basis of examination	ledge, death occurred at	the time, d	lete and place, and due to	City or Town, Stat	nanner as stated.	
우등통	를 이		- fi					_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR | IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

29c. LICENSE NUMBER

DO 1534

6. AGE (In yrs. lest birthday)

YRS.

95

29d. DATE SIGNED (Morth, Day, Year)

Pages 1, 2, 3 should

DIVISION OF WITHE RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

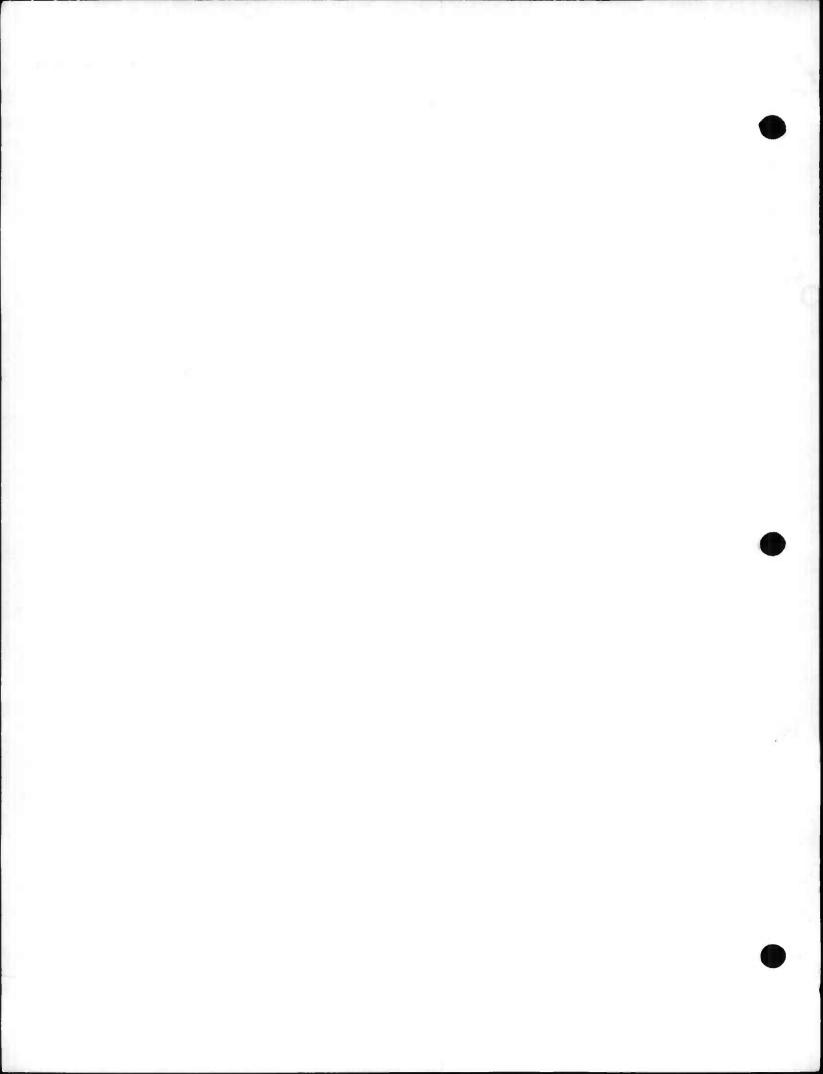
Ò

32. REGISTRAR'S SIGNATURE

gum un won-Randell

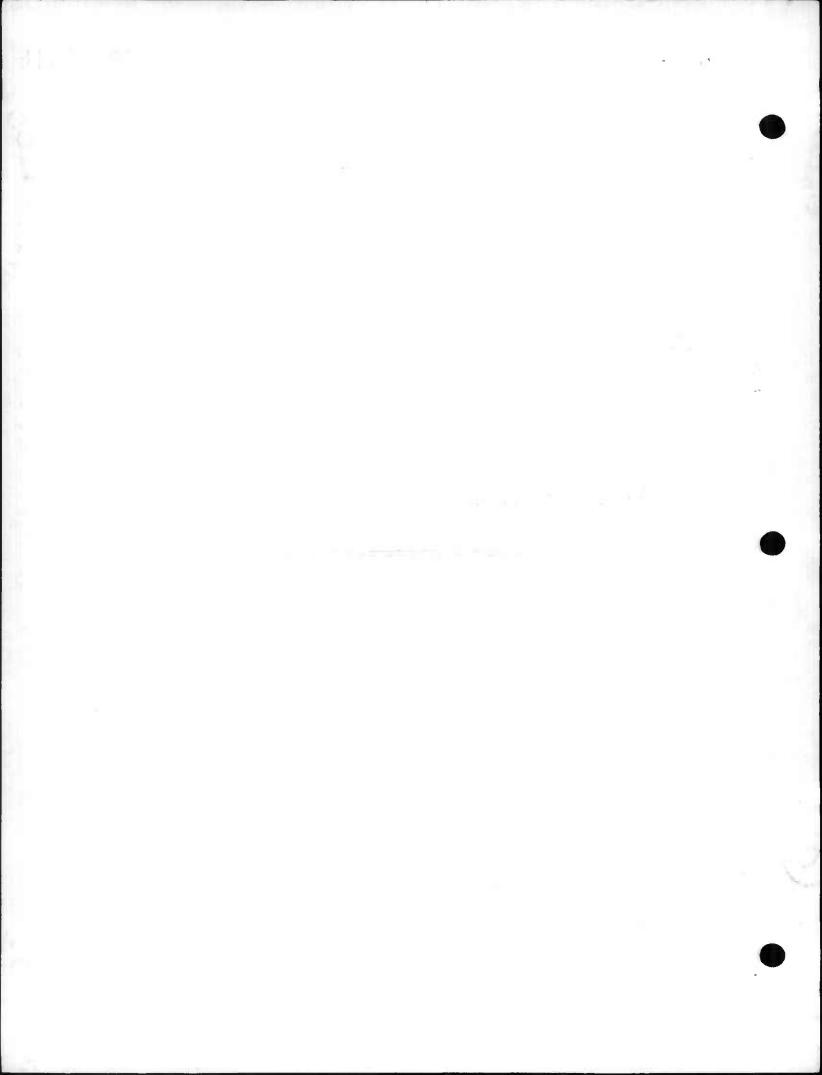
TO THE HOSPITAL OR ATTENDING PHYSICIAN, The Taw regains that the death certificate be executed within 24 hours after of TO THE FUNERAL DIRECTOR. After this certificate heacted signed by the attending physician and completely filled in by the fibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical as	ing PHYSICIAN The IBN Mer this certificate has leath with the State Dep marked, or Item 23	Taw requires that the death a strend signed by the attend begin of Health and Mental H. 23 shows any Injury, or	certificate be executed within ding physician and complete hygiene prior burial, cremr other traumatic event.	thin 24 hours after de stely filled in by the fi mation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN, The Taw regards that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate hospited by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certain, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	500							38013
	1 - STATE REGISTRAR	STATE OF MAR		ITMENT OF A		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) LUCILLE VIRG	GINIA DIX	ON			2. DATE OF DEATH		3. TIME OF DEATH 0904 a.m
10	4. SOCIAL SECURITY NUMBER 217-05-7895	5. SEX 6. A	GE (In yrs. last birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 1 2 / 7 / 1 9 1 9	a. BJETT	HPLACE (State or Foreign
OR	•a. FACILITY NAME (II not institution, give sti Frederick Memoria			96. CITY, TOWN	on LOCATION OF D		sc. county of Freder	DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD. Frede			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 993 G Heather			rederick	. ZIP CODE	10.0	1000	1 YES 2 NO WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVI FORCES? 1 1	ER IN U.S. ARMED	If yes, sp	217 ENDENT OF HISPA ecity Cuban, Mexic 2XXNO Speci	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	USA B or No— 14. RAC Blan Spe	E — American Indian, ck, White, etc.
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUC			USUAL OCCUPATION			SINESS/INDUSTRY	white
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)	Give kind of life. Do NOT u	work done during mo se retired.)	st of working	n/a		
	17. FATHER'S NAME (First, Middle, Lest)  Jesse W. B. Dix	CON	Tromemore			AME (First, Middle, Melden L. Burdet	Sumame)	
TO BE	19a. INFORMANT'S NAME (Type/Print)	.071	19b. MAILING	AODRESS (Street a		Route Number, City or Tow		
F	Kenneth Dixon					derick, Md		
'n	20e. METHOD OF OISPOSITION 1 Burisl 2 TyCremation 3 Remo 4 Donation 5 Other (Specify)		cemetery, crematory or c Smuths burn	of disposition (Ne other place) g Cremat	ory	12/17/92 S	miths bur	g, Md.
i	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Lami	,	STAU	FFER FUN	IERAL HOME, Id. 21702		
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that cau	used the death. Do				iratory arrest,	Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	L. Sept	AS A CONSEQUENCE O	cly				Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR .	AS A CONSEDUENCE O	F):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DR /	AS A CONSEDUENCE O	F):				
CERT	resulting in death) LAST	l						
	PART II. Other algnificant conditions					PERFO	RMED?	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	arta, de	men -	Cirrho	')		1 _ YES 2	I I NO	OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C)	heck only one)		
YSI	1 TYES 2 NO	HOSPITAL:				6 Other (Specify)		
	27. MANNER OF DEATH  1 Naturel 5 Pending 2 Accident Investigation	28s. DATE OF INJU (Month, Day, Ye		JURY WC	URY AT PRK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED	
6		28e. PLACE OF INJ	URY — At home, farm, Specify)	street, factory, offic	•	26f. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
ETED BY	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (						
	4 Homicide determined	CIAN: To the best of my k						s) and manner as stated.
TO BE COMPLETED BY	4 Homicide determined  29a. CERTIFIER (Check only)	CIAN: To the best of my k	ation and/or investigation	on, in my opinion, d		time, data and place, an	d due to the cause	s) and manner as stated.  D (Month, Day, Year)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH TYLIA 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KWANAE TYLIN-**DUNHAM** YEAR 12 92 9:16 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2-F 215-37-9042 10/21/92 Marylnd Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number; 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR CHESTERTOWN KENTS & OUEENS ANNES HOSPITAL KENT COUNTY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 1 NO Rock Hall, Md. Maryland Kent permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 21661 Rt. #1 Box 110 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO Never Married 2 Married 1 YES 2 NO Specify BY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade ò Elementary/Secondary (0-12) College (1-4 or 5+) detached None None None 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Sidney Daneque Nicole Dunham 8 H Needam BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 Daneque Nicloe Dunham Rt. 1 Box 110 - Rock Hall, Md. 21161 Pe 20s. METHOD OF DISPOSITION
11/2 Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must director, Holv Trinity Cemetery Rock Hall, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Perkins, Funeral Service the funeral James a Perkins Rock Hall, Md. 21661 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo Approximate shock, or heart failure. List only one cause on each line interval Between INTERSTITIAL PHEUMONIA IMMEDIATE CAUSE (Final Onset and Death event, the disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? has been signed by I Dept. of Health and 1 YES 2 | NO OF DEATH? 1 NES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL:
1 | Inpetient 2 | XER/Outpetient 3 | DOA OTHER: 1 X YES 2 NO me 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 26s. PLACE OF INJURY - At home, ferm, street, fectory, office 89 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide 29e. CERTIFIER (Check only 1 🗆 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 ho 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. THE SIGNATURE AND TITLE OF CENTIFIER MD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 12-26-1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall **DEC 28** 



BALTIMORE, MARYLAND 21215-0020

TO THE TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit permi HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE REGISTRAR	011112 01 1	C	ERTIF	ICATE				MENIAL I	REG. NO			_ 000.
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Rebecca Copper	Dixon							Dec.	22	AY 1	1992	2:30a.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH			THPLACE (State or Foreign
	213-60-7711	1 □ M 2 🏋 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	0710	)	Coun	MD
	9e. FACILITY NAME (If not institution, give stre	set and number)			9b. CITY,	TOWN	OR LOCAT	ION OF DI		0/10		DUNTY OF	
8	33699 Bradford	Johnso	n Road		G	olt	G						ent
5	RESIDENCE OF DECEDENT					010						17.0	EIIC
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
	MD	Kent		G	olts						-		1 💢 YES 2 🗌 NO
<b>₹</b>	10e. STREET AND NUMBER					10	f. ZIP COD				10g. C	TIZEN OF	WHAT COUNTRY?
FUNERAL	33699 Bradford						216	37				US	SA
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AT	RMED NO					NIC ORIGIN? (S		or No-	14. RAC	CE — American Indian, ck, White, atc.
8	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	<b>k</b>			2 NO					Spe	offy:
	15. DECEDENT'S EDUCA	ATION	16e Di	FCEDENT'S	USUAL OC	CHRATI	ON .		100 100	OF BU			White
13	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	(0	ive kind of Do NOT u	work done d	luring mo	st of work	ing	100. KII	NO OF BU	SINESSA	INDUSTRY	
PL	11	College (1-4 or 5 a	7)	mema					1 1	Tome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110	meme	arcer.		18 MOT	HER'S NA	ME (First, Midd				
EC	Hope C. Copper								E. Th			"	
00	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e			Route Number,		- 4	Zin Code)	
2	Harry Dixon			361									4D 21637
	20e. METHOD OF DISPOSITION		20b. PLACE	_		_		001	OATE	_		- City or T	
	1 Donation 5 Other (Specify)	ral from State	cemetery, cre	emetory or o	ther place)			7.0	1				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEÉ	1 (72)	епа	22. N	IAME A	ND ADDRE	SS OF FA	2./2.6/9	17	Gal	ena,	MD
	► Un. O	701	100		Fe	e11	OWS	Fur	neral	Hom	P	РΔ	21651
	23. PART I. Enter the diseases, or co	ello	1		13.	70	TAT 6	TTTT	2000	2.4-	Mi	77	gton, MD
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO DUE TO A	OR AS A CONSE	OUENCE O	F): rlim					Ash	nle	line	
CE	d.												
MEDICAL	PART II. Other significent conditions	contributing to	deeth but not a	resulting	in the und	dariying	g ceuse	given in		PERFOR	MEO?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF OEATH?  1 YES 2 NO
			/					/					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF	EATH (Ch	eck only one)				
lS.		Inpatient 2	ER/Outpatient 3	□ DOA	OTHER	: ing Hom	. 5 R	esidence	8 Other (S)	pecify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRI	BE HOW II	NJURY C	CCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		М		ES 2 [	□ NO					
	3 Suicide 8 Could not be 4 Homicide / determined	28e. PLACE Of building,	F INJURY At ho atc. (Specify)	ome, ferm,	street, facto	ry, office			28f. LOCATIO	N (Street a	nd Numb	per or Rural	Route Number,
E													
COMPLETED	29e. CERTIFIER (Check only												
ő	MEDICAL EXAMINER:	On the beele of ex	tamination end/or	Investigatio	n, In my op	inion, d	eath occu	red at the	time, date and	place, an	d due to	the cause(	e) end menner ea stated.
BE	296. SIGNATURE AND SITUE OF CENTIFIER						29c. LIC	ENSE NUN	ABER		29d. D	ATE SIGNE	(Month, Day, Year)
10	to sell	~ m	3				1	56	05 4		1	2/2	8/92
-	30. NAME AND ADDRESS OF PERSON WHO	PAE	COEST	M 27) (Type,	Print)	77	mel	1	216	20			
15	31. OATE FILEO (Morth, Day 1997)	32. REGISTRA	CHESO R'S SIGNATURE LA DAVIDSON	Rand	00_								
1 the	12/11/2/12/32	7000	~ Purlución	- Nation									

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Mary Barry

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BOX 68760	C DUNCIPLEM: The law remains that the death conference he associated within 28 hos
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OF VITAL RECORDS, P.O.	DUVEL
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31. DATE FILED MONTH, Day, Year)

UNEST OF UNITY I HER	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Example when this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HILL W	THE HOSPIAL CAT DIE NG P	THE FUNER OFFICTION MAY I	fied within 72 mms and death	PORTANT: If item 28 is mar

Mildred Parsons Dwyer	1. DECEDENT'S NAME (First, Middle, I	ist)		ATE OF DEATH	REG. NO		3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 2.19 = 3.6 - 7.40.6 (i) = 1.0 × 1.0 × 8.8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  8. 8 × 198.  9. 0. COTT, TOWN ON LOCATION OF DEATH ON LOCATION	Mildred Par	ong Dunor			MONTH D		10:45a					
Secretary   Secr	4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HF	s. 7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign					
Security Name (First institution, give stress and unitarity   Magnolia Hall Nursing Home   Security for Or Earth   Security of BEATH   Security   Securi	219-36-7406	1 🗆 M 2 🗔 🔭 8	8 YRS. MON	THE DAYS HOURS MI	Month, Day, Year) 5-23-04		Country) MD					
MS_ENDING_FOR EXCEPTION  THE SIDNET SHOULD CONTINUE TO				CITY, TOWN OR LOCATION O								
MD KENT BETTER AND NAMED  P. O. BOX 87  II. MANTAL STATUS  II. MANTAL STATUS  II. MANTAL STATUS  II. MANTAL STATUS  III. MANTA	Magnolia Ha	1 Nursing Ho	me	Chester	town	27.7						
196. STREET AND NUMBER   196. ZPP CODE   199. CTIZEN OF WHAT COUNTY   11. MANTAL STATUS   USA   11. MANTAL STATUS   USA   11. MANTAL STATUS   USA   12. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A A MANTAL STATUS   11. MANTAL STATUS   12. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A A MANTAL STATUS   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A MANTAL STATUS   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A MANTAL STATUS   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A MANTAL STATUS   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A MANTAL STATUS   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A MANTAL STATUS   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A MANTAL STATUS   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Wis or No.   14. APCE - A MANTAL STATUS   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT OF HISPANC CONDINT (Specify Usa or No.   15. MAS DECEMBENT	2000						10d. INSIDE CITY LIMITS?					
P. O. BOX 87  11. MANTALE STATUS  12. MAS DECEDENT EVER IN U.S. ARMED PORCES? 1 [] YES 2 [] MO PORCES. 1 [] YES 2 [] MO P		Kent	Deti				1 YES 2 NO					
Commentation   Comment	The state of the s				)							
Standard	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuban, Me	xican, Puerto Rican, etc.)	s or No— 14	Specify:					
Content of the processed processed processed processed of the processed pr			16a. DECEDENT'S USU	AL OCCUPATION	16h KIND OF BU	CINECO (NIDI IC	White					
MITTON E. PARSONS   18. MOTHER'S NAME (Pier, Middle, Survaine)   19. MOTHER'S NAME (Pier, Middle, Survaine)   19. MOTHER'S NAME (Pier, Middle, Survaine)   19. MALLING ADDRESS (Sereal and Number or Piers)   19. MALLING ADDRESS (Sereal and Malling ADDRESS (Sereal a		rade completed)	(Give kind of work a life. Do NOT use ret	done during most of working ired.)								
Jesse May Alexander	17 EATHER'S NAME (First Middle Asso	4	Pri				Elem. Scho					
196. MALLING ADDRESS (Street and Number or Rural Route Number, City or Nown, Stein, Zp Code)  32.1  Jean Mosley 209 Prima Vera Ave., Daytona Beach, F 220. METHOD of Disposition of the Date of Date o												
Jean Mosley  2209 Prima Vera Ave., Daytona Beach;  200. BETHOO of Disposition 3 Removal from State  200. PLACE AND DATE Of Disposition (Name of comment), command or other place)  201. PLACE AND DATE Of Disposition (Name of comment), command or other place)  202. MANKE AND ADDRESS OF FACILITY  FELLOWS - Wells Funeral Home  314 W. High St. Chestertown, Md  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interpolated places or condition  24. PART II. Other alignificant conditions, in any, leading to immediate cause Enter UNDERLYING  CAUSE (Disease of Injury)  DUE TO (OR AS A CONSEQUENCE OF):  d. DUE TO (OR AS A CON		sons										
22. RAME AND ADDRESS OF FACILITY Fellows - Wells Funeral Home 31.4 W. High St. Chestertown, Md  22. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, interview interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, interview to the mode of dying, such as cardiac or respiratory street, and the mode of dying, such as cardiac or respiratory street, and the mode of dying, such as cardiac or respiratory street, and the mode of dying, such as cardiac or respiratory street, and the mode of dying, such as cardiac or respiratory street, and the mode of dying, such as cardiac or respiratory street, and the mode of dying, such as cardiac or respiratory street, and the mode of dying, such as cardiac or respiratory street, and the mode of dying, such as cardiac or respiratory street, and the mode of dying,			2209 1	Prima Vera	Ave., Day	n, Siete, Zip Co tona	Beach, Fla					
21. BIOMATURE OF INHERIAL SERVICE LICENSIS  22. RAME AND ADDRESS OF FACILITY FELL OWS - Wells Funeral Home 314 W. High St. Chestertown, Md 314 W. High St. Che			PLACE AND DATE OF DI	SPOSITION (Name of	DATE 20c. LO	CATION - City	y or Town, State					
22. NAME AND ADDRESS OF FACILITY Fellows — Wells Funeral Home 314 W. High St. Chestertown, Md  23. PART L Enter th diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interviously and the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, appropriately interviously.  Appropriately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  246. WERE AUTOPSY PERFORMED?  1 YES 2 AND  ANALABLE PF COMPLETION OF DEATH' 1 Order of DEATH (Check only one)  257. MANNER OF DEATH 1 Order of DEATH (Check only one)  268. DATE OF INJURY (Month, Dey, Year)  1 Order of DEATH (Check only one)  268. DATE OF INJURY (Month, Dey, Year)  269. THE ORDER OF DEATH (Check only one)  260. DESCRIBE HOW INJURY OCCURED (Month)  260. DESCRIBE HOW INJURY OCCURED (Month)  261. DOALD OF DEATH (Check only one)  262. CARE OF INJURY AT (MONTH)  1 Order of DEATH (Check only one)  263. DATE OF INJURY (Month) 264. DESCRIBE HOW INJURY OCCURED (Month)  265. DATE OF INJURY AT (MONTH) 266. DESCRIBE HOW INJURY OCCURED (Month)  267. DESTRIPTION (Street and Number or Pural Route Number (Check only one)  268. DESCRIBE HOW INJURY OCCURED (Month)  269. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	4 Donation 5 □ Other (Specify)	S	till Por	nd Cem	1-4-93 54	11 Pon	1. ms.					
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28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO   MOSPITAL:   1   YES 2   MO   YES   MORE)   1   YES 2   MO   YES   MORE)   1   YES 2   MO   YES   MORE)   28. DATE OF INJURY   280. DATE O	Xhry B.	Il llows		314 W. His	h St. Che	stert	own Md 21					
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	23. PART I. Enter the diseases,	or complications that caused t	the death. Do not e	enter the mode of dying,	such as cardiac or reap	iratory arreel	t, Approximate					
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CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  D	Sequentially list conditions, If any, leading to immediate  b  DUE TO (OR AS A CONSEQUENCE OF):											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpatient 2 ER/Outpetient 3 DOA 4 Pursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  1 Instruel 5 Pending Investigation 3 Suicide 8 Could not be detarmined  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY 1 YORK?  1 YES 2 NO  28. DATE OF INJURY 1 YORK?  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY 1 YORK?  29. CERTIFIER (Check only one)  28. DATE OF INJURY 2Bb. TIME OF INJURY YORK?  1 YES 2 NO  28. DATE OF INJURY 2 DATE OF INJURY OF	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):									
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 MO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpatient 2 ER/Outpstient 3 DOA 4 Mursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  28. PLACE OF INJURY At home, farm, street, factory, office 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(a) and manner as stated.	PART II. Other significant cond	ions contributing to deeth but	t not resulting in th	e underfying cause given	in Part I 24a WAS AN	AUTOPEV	24b. WERE AUTOPSY FINDING					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inpatient 2 ER/Outpetient 3 DOA 4 Wursing Home 5 Realdence 8 Other (Specify)  27. MANNER OF DEATH  1 Inpatient 5 Pending Investigation  3 Suicide 8 Could not be detarmined  28. DATE OF INJURY At home, farm, street, factory, office  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF INJURY At Wursing Home 5 Realdence 8 Other (Specify)  28. DATE OF INJURY AT WORK?  1 YES 2 NO  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  28. PLACE OF INJURY At home, farm, street, factory, office  29. CERTIFIER  (Check only 1 PLACE OF DEATH (Check only one)					PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1					1 🗆 YES 2	410						
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 DOA 28b. TIME OF INJURY (Month, Dey, Year)  2 Accident 3 Sulcide 8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office  29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, date and place, and due to the cause(a) and manner as stated.							1 TES 2 NO					
EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation   2   Accident   3   DOA   2   Subcide   8   Could not be detarmined   2   Certifying Physician: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.	25. WAS CASE REFERRED TO MEDICA			24 BLACE OF BEATU	(Chartest and Chartest and Char							
27. MANNER OF DEATH  1			or	HER!								
1 Metural 2 Accident 3 Suicide 4 Homicide  28. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide  29. CERTIFIER (Check only 29. CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(a) and manner as stated.		28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		NJURY OCCUR	nED					
3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. CERTIFIER (Check only)  28e. CERTIFYING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, date and place, and due to the cause(s) and manner as stated.			III.SORY									
(Check only 1 CHRIPTING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.	1 Natural 5 Pending	28e. PLACE OF INJURY -	, factory, office	office 28f. LOCATION (Street and Number or Rural Route Number,								
2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my colinion, death occurred at the time, date and place, and due to the coursely and	1 Natural 5 Pending 2 Accident Investigat 3 Suicide 8 Could no	4 Homicide detarmined building, etc. (Specify)  City or Town, State)										
The control of the co	1	Building, etc. (Specify,										
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED, Month, Day 1	1	Building, etc. (Specify,					suse(a) and manner as stated					

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chestotory

32. REGISTRAR'S CIGNATURE Juna Davidson-Randall

BALTIMORE, MARYLAN	TO THE HOS THE HOS ATTAIN G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNETY DIFFERENT ATEC THIS CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach he find within	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIMETON OF VITAL RECORDS, P.O. BOX 68760,	2	起	E
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	S	TO THE FUNETA DIFFERENCE this certificate has been signed by the attending physician and completely filled in by the its find within the State Been of Health and Mental Hunisma roles to build resemble on semandal	N
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					2. DATE OF DEATH	AY YE.	3. TIME OF DEATH				
Stewart Glyn E	dwards				Dec 19.	1992	6:35 p				
		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. 6	HRTHPLACE (State or Foreign				
21 3 3 3 3 3		5.5 YRS.	MONTHS DAYS	HOURS MIN.	1/12/37		MD				
Se. FACILITY NAME (If not institution, give street	•			OR LOCATION OF C	DEATH	9c. COUNTY					
5786 S. Hawthor	ne Ave.		Rock	Hall		Ke	nt				
10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d INSIDE CITY				
MD K	ent		Rock	Hall			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
10s. STREET AND NUMBER	GIIL			r. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
5736 S. Hawtho	rne Ave.			21661			SA				
11. MARITAL STATUS	2. WAS DECEDENT EVER IN I		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian,				
1 Never Married 2 Merried	FORCES? 1 TYPES IF YES, GIVE WAR OR DAT		If yes, sp	ecity Cuben, Mexic	en, Puerto Ricen, etc.)		Black, White, etc. Specify:				
3 Widowed 4 Divorced	954-1957			20,			White				
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	(Give kind of t	USUAL OCCUPATION Work done during me	ON ost of working	16b. KIND OF BUS	SINESS/INDUST	RY				
	College (1-4 or 5+)	ille. Do NOT us			77 1		a k a sa				
17. FATHER'S NAME (First, Middle, Last)		Wat	erman	I		ur Ma	ster				
	onn 17.1	2.0			AME (First, Middle, Melden beth Ford	,					
John Stewart Gl	enn Edward		A PROPERCY CO.								
Candy Edwards			e as al		Route Number, City or Tow	n, State, Zip Cod	0)				
	200.5		OF DISPOSITION (N								
20g_METHOD OF DISPOSITION 1	I from State cemet	tone commeten as a	abor oleval		/22/92 F	CATION City					
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	esley		NO ADDRESS OF F		COCK H	all, MD				
Mary B. Fl			Fe1	Lows-We	11s Funer	al Ho	me				
			Roc!	Hall,	MD 216	61					
23. PART I. Enter the diseeses, or comshock, or heart fellure. Lie	iplications that caused to only one cause on each	the death. Do r	not enter the mo	de of dying, su	ch as cardiec or respi	ratory arrest,	Approximete interval Between				
IMMEDIATE CAUSE (Final							Onset and Dear				
disease or condition resulting in death)	PULMONA DUE TO (OR AS A C	RY V	NETAS	TASES			2 munt				
							2-3 yr.				
CAMPAGE LYMPHOMA											
Sequentially list conditions,  If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
CAUSE (Disease or Injury C	cause. Enter UNDERLYING CAUSE (Disease or Injury										
that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
d											
0	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PREFORMED? AMALABLE PRIOR TO										
PART II. Other significent conditions c	outhoring to death but										
PART II. Other significent conditions of					1 U YES 2						
PART II. Other significent conditions of	onthis ting to deeth su				1 U YES 2		1 TYES 2 NO				
PART II. Other significent conditions of	ontributing to deetil but				1 U YES 2		1 TYES 2 NO				
25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (C			1 TYES 2 KNO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	lient 3 DOA	OTHER:				1 □ YES 2 K NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER OF DEATH	OSPITAL:   Inpatient 2   ER/Outpet	26b, TIM	OTHER: 4 Nursing Hom E OF 28c. INJ	e 6 K Residence	heck only one)	NJURY OCCURE					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2 NO 1	OSPITAL:	26b, TIM	OTHER: 4   Nursing Hon E OF 28c, INJ	e 6 K Residence	feck only one)  6  Other (Specify)	NJURY OCCURE					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OSPITAL:   Inpatient 2   ER/Outpet	26b. TiM INJ	OTHER: 4   Nursing Hom E OF 28c, INJ	Residence URY AT PRK? YES 2 NO	theck only one)  6 Other (Specify)  28d, DESCRIBE HOW III		D				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER OF DEATH  1 Netural 6 Pending Investigation	OSPITAL:   Inpatient 2   ER/Outpet   26e. DATE OF INJURY (Month, Day, Year)   26e. PLACE OF INJURY -	26b. TiM INJ	OTHER: 4   Nursing Hom E OF 28c, INJ	Residence URY AT PRK? YES 2 NO	heck only one)  6 () Other (Specify)  28d, DESCRIBE HOW II		D				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	OSPITAL:   Inpatient 2   ER/Outpet   28e. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY	26b. TiM INJ - At home, ferm, s	OTHER: 4 Nursing Hom E OF 28c. INJ URY M 1	Ne 6 X Residence URY AT RK? YES 2 NO	6 ☐ Other (Specify)  28d. DESCRIBE HOW II  28l. LOCATION (Street and City or Town, Stete)	ind Number or Ri	D				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
122 Speer Rd. Chestertown, Speer HELEN A. NOBLE hestertown, MD 21620 MI

31. DATE FILED (Month, Day, Year)
DEC 28 THAT'S SIGNATURE
Suna Davidson-Randoll '92

3. TIME OF GEATH

10d. INSIDE CITY

KNN YES 2 | NO

Approximate

Interval Batwean

Onset and Death

ym+

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Dec. 29, 1992

AVAILABLE PRIOR TO COMPLETION OF CAUSE

14. RACE — American Indian, Stack, White, etc. Specify: White

8. BIRTHPLACE (State or Foreign Country)

Maryland

USA

10:30 A. M

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1992 LOUISE FRASCINO 7. DATE OF BIRTH (Month, Day, Year)
Dct. 11, 5. SER em 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 20207 1489 MONTHS DAYS HOURS MIN. 85 YRS. 1907 Se. FACILITY NAME (If not institution, give atreet and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Kitty Blackiston Dom. Home Sudlersville Queen Anne Co RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Kent Co. Chestertown 10a. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? Tucker's Trailer Park Philosopher Terrace 21620 11. MARITAL STATUS Widowed 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 X100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: NO IF YES, GIVE WAR OR DATES Widowed 4 Divorced No 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) Own HOme Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Ivens Grace Fogwell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Philosopher's Terrace Chestertown, Md The deceased while living Marie 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Saint Paul's Cemetery 12/31/92 Oaks, Penna Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 413 High St. Fellows - Wells Chestertown, Md. 21620 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final ascus disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA Nursing Home | 5 | Residence | 6 | Other (Specify)

28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending M 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, aic. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Bural Boute Number, City or Town, State) 6 Could not be 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

D-12345

296. BIGNATURE AND THE OF CERTIFIER un LETED CAUSE OF DEATH (TEM 27) (Type, Print)

John R. Smith, Jr. Centreville, Md. 21617

31. DATE FILED (Morith, Day, Year)
DEC 29 32. REGISTRAR'S SIGNATURE Julia Devidson-Randelle

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		filled
5	ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	CTOR. After this certificate has been stoned by the attending physician and completely filled in by
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3 Suicide

4 Homicide

	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEF CERT		NT OF H				GIENE	9	2-	380	19
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DAY	YEA	3.	TIME OF DEATH	R
	INEZ	М.	GRAHA	M				12	12	1992		10:45	M
	4. SOCIAL SECURITY NUMBER 213–74–2964	5. SEX 6.	AGE (In yrs. lest birtho	MONT	HB DAYS	HOURS	24 HRS.	7. DATE OF BI (Month, Day) 05/21	Year)	Co	untry)	CE (State or Fore	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b.	CITY, TOWN C	R LOCATI	ON OF DE			9c. COUNTY O			TIL
۲ ا	Citizens Nursing	Home			Fr	eder	ick			Fi	rede	erick	
5	RESIDENCE OF DECEDENT						10,1						
DIRECTOR	Marylan d Fred	erick	10c.	CITY, TO	Knoz	vill	.e					J. INSIDE CITY LIMITS? YES 2 1 N	10
4	10e. STREET AND NUMBER				101	. ZIP COD	E		34	10g. CITIZEN C	F WHAT	COUNTRY?	
H.	1302 Rosemont Dr	ive				2175	8		Ţ	JSA			
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAS	YES 2 NO		if yes, sp		ın, Maxicar	IIC ORIGIN? (Sp n, Puerto Rican :		В	IACE — . Black, Wi pecify:	American indiar hita, atc. White	
E	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDEI	NT'S USU/	AL OCCUPATION	ON at of worki	na	16b, KINI	OF BUSIN	ESS/INDUSTR	TY.		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Ilfa. Do Ni	or use reti	red.)				Homen	maker			
5	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAI	ME (First, Middle	, Maiden Su	ımame)			
BE C	William R. Roder	ick				Ca	rrie	Lee H	ough				
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAI	LING ADD	RESS (Street a	nd Numbe	r or Rural F	Route Number, C	ity or Town,	State, Zip Code	)		
=	Dorothy L. Moss	(Daughter	) 13	02 R	osemor	t Dr	K	noxvi1	le, N	D 2175	58		
	20a, METHOD OF DISPOSITION 1   X Burial 2   Cremation 3   Rem	ough from State	20b. PLACE OF Di							TION — City o		State	
	4 Donation 8 Other (Specify)	over from State	Union	cem	etery				Love	ettsvil	lle,	VA	
	21. SIGNATURE OF FUNDMAL SERVICE LIC X Barbara A. Wi	Iliams, O	wner -			T. W	illi	ams Fu			c. h	D 2171	6
	23. PART I. Enter the disesses, or o	complications that of	caused the death.	Do not e							- / -	Approxima	
	shock, or heart fellura.  IMMEDIATE CAUSE (Finel disease or condition	List only one cause	on each line.	H	Lines	T,						Interval Be Onset and	
	resulting in death)	DUE TO (O	R AS A CONSEQUEN	CE OF):	-0-	^		.1 .	1	_			
z		. HAt	trip-SC	Core	of the	las	dis-	Joseph	a b	cseos	2	1040	ly,
RIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEQUEN	CE OF):									
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (O	R AS A CONSEQUEN	CE OF):									
CERT	resulting in deeth) LAST	d										 	
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to d				G couse	given in		WAS AN AI PERFORM YES 2 [	IED?	AM CC OF	ERE AUTOPSY FINALABLE PRIOR 1 DMPLETION OF G F DEATH?  YES 2 N	IO AUSE
Σ	104	V-L LAND	100	year				_			1 (	□ 459 x □ W	
Y X	25. WAS CASE REFERRED TO MEDICAL				AR. P	LACE OF I	DEATH /Ch	eck only one)					
	EXAMINER?	HOSPITAL:	ER/Outpatiant 3 🗆 De	О	HER:				nosti d				
K K	27. MANNEB OF DEATH	28a. DATE OF III		TIME OF		JURY AT	eswenca	8 Other (Sp 28d. DESCRIE		JURY OCCURE	D		
3y P	1 Natural 8 Pending 2 Accident investigation	(Month, Day,	; Year)	INJURY		YES 2	□ NO						

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the ca 2 MEDICAL EXAMINER: On the b

28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify)

29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d, OATE SIGNED (Month, Day, Year)

unues Sucre

8 Could not be

3409

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Bernard O. Thomas, M. D. 228 North Market Street, Frederick, Maryland 21701

31. DATE FILED (MONT). 19. (500) 1992

32 REGISTRAR'S SIGNATURE
File Con Con Pandalle

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		~ `	1		2. DATE OF			3. TIME OF OEATH
	FRED	(*(	RDAI	$\vee$		MONTH	130AY	107	17 061
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)		T	1	100	176	12-1-11
				IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I (Month, De	ly, Yoar)	Coun	THPLACE (State or Foreign Nry)
	157-03-0376	1 M 2 □ F	92 YRS.			April	15,19	00 Ru	ssia
	9e. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATN	9	e. COUNTY OF	DEATH
E I	Hebrew Home 6121 M	ontrose Pd		Rockvil	1.0			MALT	COMERV
K	RESIDENCE OF DECEDENT	offerose Ma.		ROCKVI	те			11000	OUNTERY
DIRECTOR	10a. STATE 10b. COUNTY		10c, CIT	r, TOWN OR LOC	ATION				10d, INSIDE CITY
E	MD Mon:								LIMITS?
		tgomery	Roc	kville					1 YES 2 X NO
A	10e. STREET AND NUMBER			1	Of. ZIP CODE		.10	0g. CITIZEN OF	WHAT COUNTRY?
H	6121 Montrose Rd.				20852				
FUNERAL		12. WAS DECEDENT EVER II	NIIS ADMED	12 446 0	CENDENT OF HISPAI			U.S.A	
	1 Never Married 2 Married	FORCES? 1 VES	2 NO	If yee, s	pecify Cuban, Maxice	on, Puerto Rica	pecity tes or n, etc.)	No — 14. RAC Ble	CE — American Indian, ck, Whita, atc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	S 2 NO Specif	y:		Spe	city:
								Cau	casian
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIN	D OF BUSINE	ESS/INDUSTRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during n e retired.)	ost or working				
립	6		Carpent	er			Const	ruction	n
8	17. FATNER'S NAME (First, Middle, Last)								
					18. MOTHER'S NA		le, Malden Sun	name)	
8	Morris Gordon				Rose Cas	SSOCK			
0	19a. INFORMANT'S NAME (Type/Print)		195. MAILING	ADDRESS (Street	and Number or Rural	Route Number, (	City or Town, S	itate, Zip Code)	
F	Joan Simmons		7 Ros	e St. S	tafford,	Virgir	nia 2	2554	
	20a, METHOD OF DISPOSITION	201							
	1 N Burial 2 Cremation 3 Remov	val from State cem	PLACE AND DATE O	her place)		DATE		TION — City or T	
- 1	4 Donation 5 Other (Specify)	Na	tional Many	rial-Kin	g David 12/	/31/92	Falls (	hurch, 1	Virginia
- 1	21. SIGNATURE OF PUNEFIAL SERVICE LICE	MISEE ()		22. NAME /	ND ADDRESS OF FA	CILITY CO.	lonia1	Funor	al Home
	N barbel	120-00	,	6161	Tooghuwa				
	Margist	Jung							, Virginia
	23. PART i. Enter the diseases, or co	mpilcationa that caused	the death. Do n	ot anter the m	ode of dying, suc	h as cardiac	or respirate	ory arrest,	Approximate
	allock, or heart failure, Li	ist only one deuse on e	ach Ilna.			^			interval Batween
	iMMEDIATE CAUSE (Final disease or condition	Terus	-14	10	NOMY	1. 11-	1/1/		Onset and Death
	resulting in death) a.	>CHZ	-14115	_777	1011	1/1//	$\pi_{\gamma}$		WEEK
ı		DUE TO (OR AS A	CONSEQUENCE OF	): 4 0	0				
Z	and the same of th	CORO	NARY	AKIT	FKY 7	) K =	Acz	_	
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	):	- / 2		7520		
Z I	cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO JOB AS A	CONSEQUENCE OF						
E	resulting in death) LAST	(0.1.7.0 7.	CONSCIONAL OF	,.					1
15	d.								
	PART II Other significant conditions	contribution to death to	A - A - I Int - I						
EDICAL	PART II. Other aignificant conditions	contributing to death b	ut not reaulting in	n tha underlyli	g cause given in	Part I. 24a	PERFORMED		MAILABLE PRIOR TO
8 1						1.0	YES 2		COMPLETION OF CAUSE
							] 160 1		OF DEATH?
2								- 1	1 YES 2 NO
N N									
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)			
S	V-	1 Inpetient 2 ER/Outp	atlent 3 DOA	OTHER:	ne 5 🗆 Raeldence	8 C Other (Sn	eoMa)		
Ì I	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME		JURY AT			RY OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY W	DRK?	200. DEŞÇRIE	SE NOW INJUI	HY OCCURED	
B	2 Accident Investigation				YES 2 NO				
0	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Spec	- At home, term, st	reet, factory, offi	20	261. LOCATIO	N (Street and I	Number or Rural	Route Number,
2	4 Homicide detarmined		.,,,		- 1	City or To	wn, Stare)		
COMPLET	29a. CERTIFIER	The second second					_		
₩		AN: To the beat of my knowl							
5 I	MEDICAL EXAMINER:	On the beals of axemination	and/or investigation	ı, in my opinion,	death occured at the	time, deta and	placa, and du	se to the cause(	s) end manner ae atated.
	296, SIGNATORE AND TITLE OF CERTIFIER	11.1.1	0.						
8	(XILtal) ?	Atto ds.	a Khuc	25	29c. LICENSE NUM	O C	29	a. DATE SIGNED	(Month, Day, Year)
2	VI-V-Vay	Milenuin	7 - 7-1	um	10/18	087		1215	0196
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	TN (ITEM 27) (7/00,	Print)		- 1			
	D.D. FATEL	M.D. 6/21	MONT	RIGE	20 ROC	KVILI	6 M	1201	85-2
	31. DATE FICED (Allenth, Day, Year)	32 REGISTRAR'S SIGN	ATURE	740	1	, 14 C	766	7 00	
	IAN 1 p 1000	Ordia Daindry	- Mandell						
- 1	JAN 1 0 1333	A count hours fathful							

OHMH-16 Rev 1/89

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	8	12
	ğ	1	AN
-	ŵ	40	F
1	TO THE HOLD THE OFFITTENDING PHYSICIAN: The law requires that the death certificate be executed within it	TO THE WEEK TOOK: After this certificate has been signed by the attending physician and completely be not after death with the State Deat, of Health and Mental Hydiene prior to burfal, crematic	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it
	2	2 2	=

2

31. DATE FILED (Month, Day, Year)

DEC 29 '92

-6.

		1. DECEDENT'S NAME (First, Middle, Last)								DATE OF				3. TIME OF DEA
		Hurlock Hurst	Gale						-	HONTH	21		92	10:4
		4. SOCIAL SECURITY NUMBER		6. AGE (in yr	s. last birthday)	IF UNDER		IF UNDER 24 I	IRS. 7.	DATE OF I				LACE (State or I
		216-10-4787A	1 X M 2 - F	100	YRS.	MONTHS	DAYS	HOURS M	1	1/2		892	Country	MD
	-	9a. FACILITY NAME (If not institution, give at	reet and number)			96. CITY	, TOWN	OR LOCATION	OF DEATH			9c. COUN	TY OF DE	ATH
	P P	Magnolia Hall	Nursing	Hom	e	Che	este	ertown	1			K	Cent	
	ដ្ឋ	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY				ry, Town								10d. INSIDE CIT
	DIRECTOR	MD Ke	ent			-		town					- 1	LIMITS?
		10e. STREET AND NUMBER					10	r. ZIP CODE				10a, CITIZ		HAT COUNTRY?
	FUNERAL	Rt 291						21	L620				USA	
	5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S	S. ARMED			ENDENT OF N	ISPANIC O	PRIGIN? (S		or No-	14 BACE	- American Ind
	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2	XINO		-	ecify Cuben, No. 3		ierto Rica	n, etc.)		Black, Specify	White, etc.
								Λ						White
	ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	164	Give kind of	work done	CCUPATE during mo	ON ost of working		16b. KIN	ID OF BUS	INESS/IND	JSTRY	
	٦	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Iffe. Do NOT u						T			
1CG.	COMPL	UNKNOWN  17. FATHER'S NAME (First, Middle, Last)			Farm	er		Las tacrures	IO MAIRE	_	Farn			
at o		Walter Gale						18. MOTHER	La M			Sumame)		
lled	BE	19a. INFORMANT'S NAME (Type/Print)			195 MAILING	ADDRES	S (Street )	and Number or I				Cteta 7in	Codel	
nott	2	Walter Gale						1, C						
pe 1		20a. METHOD OF DISPOSITION		20b. PLA	ACEAND DATE				Layt	DATE.	R	CATION — C		ro State
SAE		1 Buriel 2 Cremation 3 Remo	ovat from State	cemeters	v cremetory or c	ther place!		cy 12,	1231			1ena		
iner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 00		22.	NAME A	ND ADDRESS O	OF FACILIT	Υ				
mex.		> the	70010				Fel:	Lows 1	Fune	ral	Hon	ne, E	A.	216 ton.M
cal		23. PART i. Enter the disesses, or o	omplications that	caused the	death Do	not enter	370	W. Cy	vore	SS	St.	Mil]	ing	
the medical examiner must be notified at once.		shock, or heart failure.	List only one caus	e on each	line.	not anter	ure mo	de or dying,	SUCII SS	Carulec	or respi	retory arre	rat,	Approxin
the		iMMEDIATE CAUSE (Finei disease or condition	Ci An AsA	1140	A	-								Onset an
ent,		resulting in death)	DUE TO (	OR AS A COL	NSEQUENCE O	<b>5</b> /								-
5	z		carey				0	ISCHART	Ç					j
EE	은	Sequentially list conditions, If any, leading to immediate			NSEQUENCE O			7,34						1
12	2	cause. Enter UNDERLYING CAUSE (Disesse or Injury	×											
흫	H	that initiated events resulting in death) LAST	DUE TO (	OR AS A COL	NSEOUENCE O	F):								
, 04	CERTIFICATION	Todating in death) CAST	i											
shows any injury, or other traumatic event,		PART ii. Other aignificant condition	s contributing to d	leath but n	ot resuiting	in the ur	derlyin	g cause give	n in Part	i. 244	. WAS AN		24b. 1	WERE AUTOPSY I
amy	MEDICAL										PERFOR			AWAILABLE PRIOR COMPLETION OF
S.M.C												_ 100		OF DEATH?
8	-													
ш 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DEAT	H (Check o	nly one)				
r Item	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHE!		e 5 🗆 Raside	nce 8 🗆	Other (Sc	ecify)			
3d, or	PHY	27. MANNER OF DEATH	28a. DATE OF 11 (Month, Day		28b. TIN		28c. INJ				-	JURY OCC	URED	
is marked,	ВУ	1 Naturel 6 Pending 2 Accident Investigation	(10010), 50	. 100/		M		YES 2 N	0					
		3 Suicide 8 Could not be	28s. PLACE OF building, e	tNJURY — A	At home, farm,	street, tec	ory, offic	•	28t	LOCATIO	N (Street a	nd Number o	or Rural Ro	ute Number,
28 E	ETE	4 Nomicide determined												
Hem	1	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of n	y knowledge	e, death occum	ed at the t	ime, data	and place, and	d due to th	e cause(s	) and man	ner as state	d.	
Ë	OMP	one) 2 MEDICAL EXAMINE	R: On the basis of exa	mination and	d/or investigation	on, in my o	pinion, d	eath occured a	it the time.	, data and	place, and	dua to the	cause(s)	and manner as
PORTANT	E C	29b. SIGNATURE AND TITLE OF CENTIFIER	·		-			29c. LICENSE	NUMBER		1	29d. DATE	SIGNED (	Month, Day, Year)
21	00 #	1. 0 / 1.	. 111					1 121	. 200		1		1. 3.	c

1-13824

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ng ate, Zip Code) 9938 ON — City or Town, State ena, MD P.A. , P.A. 21651 illington.MD ry arrest. Approximata interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO OPSY COMPLETION OF CAUSE OF DEATH? NO 1 YES 2 NO RY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 12-21-92

92 38021

3. TIME OF DEATN

10d. INSIDE CITY 1 YES 2 NO

White

14. RACE — American Indian, Black, White, etc.

8. BIRTHPLACE (State or Foreign Country) MD

10:45am

32. REGISTRAR'S SIGNATURE chia Davidson-Randoll

30. NAME AND AODRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

75 LOUIS 2011 LOUIS 1

The Children Corner

Pages 1. 2. 3 should

permit.

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ВУ

COMPLETED

BE

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THE LENDING FILL OF THE LAW TO WAS THE DESCRIPTION OF THE PROPERTY OF THE PROP	estrops. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	Ce.
common of the	should be det	otified at on
age o may be	director, page 5	im 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ditto dodini.	by the funeral emoval.	dical examine
TOTAL PROPERTY.	pletely filled in remation, or n	ent, the med
מערכת משפח מי	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the it after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	traumatic evi
מסמות בכו חווכמת	attending physenate progression of the progression	ry, or other
חובם חומו חוב	signed by the Health and Me	ows any inju
M. HING IGW IDG	ficate has been State Dept. of	Item 23 sh
DING FILIDION	After this certi	s marked, or
THE STATE OF THE STATE OF	after after	fm 28 is

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 12 Mary Ellen. Gunter 1992 1:45 a M 4. SOCIAL SECURITY NUMBER 5. SEX S. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 47 YRS. 220-66-4343 1 M 2 X F 2/31/1944 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1105 Cedar Street Pocomoke City Worcester RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Worcester Pocomoke City 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1105 Cedar Street 21851 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Merried 2 Merried 1 YES 2 X NO Specify Specify BY 3 Widowed 4 N Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e DECEDENT'S USUAL OCCUPATION 165 KIND OF BUSINESS/INDUSTRY during most of working (Specify only highest grade complete) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 Retail Salesperson 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Walter Paul Mitchell Ellen Payne BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Fave Smith 704 Market Street, Pocomoke City, Md. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Remson Methodist Cemetery Pocomoke City, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Melson Funeral HOme PO Box 64, Pocomoke City, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximata** intarval Between shock, or haart fallure. List only one cause on each line. **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Tas HC resulting in death) OUE TO JOB AS A CONSEQUENCE OF PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH?

25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (C	theck only one)	
EXAMINER?  1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatk	ent 3 🗆 DOA	OTHE 4   Nu	R: rsing Home 5 - Residence	S Other (Specify)	
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	29b. Till	ME OF JURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY O	CCURED
3 Suicide a Could not be 4 Homicide determined	25e. PLACE OF INJURY — building, etc. (Specify)		atreet, fa	ctory, office	28f. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,

(Check only 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

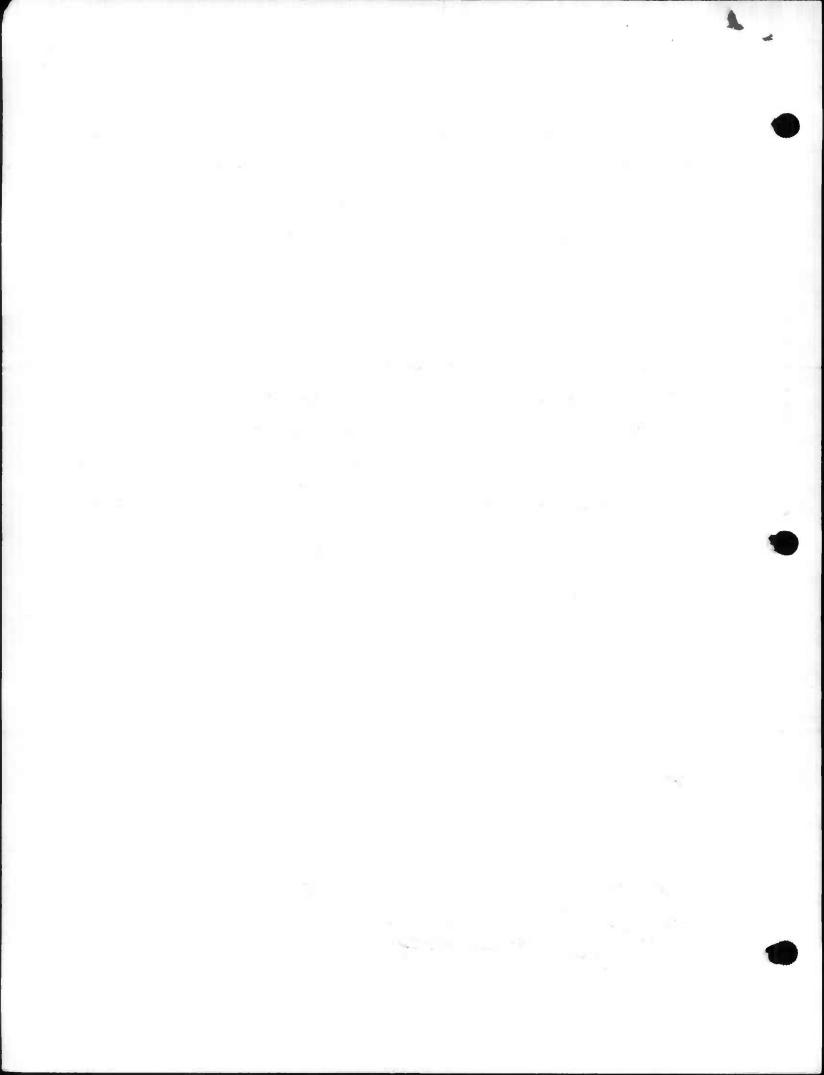
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

24/8

HO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) 36, NAME AND ADDRESS OF PERSON

Lin Sen

Paul R. Fleury Cedar & Tenth Streets, Pocomoke, Md 21851 JAN 04 1993 (BAN)



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FOR STATE

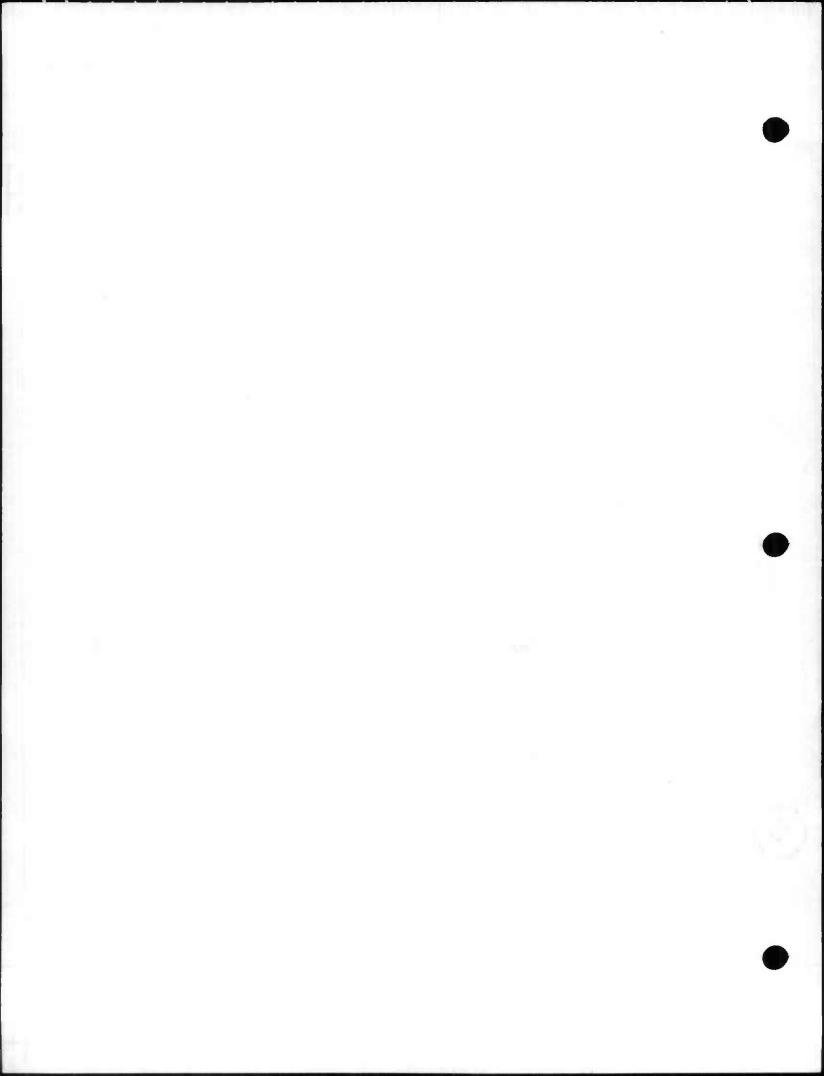
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	0.	
1970	1. DECEDENT'S NAME (First, Middle, Last) RONALD	Ronald Duan	e HERMES			2. DATE OF DEATH MONTH 12 16	199 <sup>v</sup>	3. TIME OF DEATH 12:5U P M
	4. SOCIAL SECURITY NUMBER 520–28–9924	5. SEX 6. AGE	8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH  (Month, Day, Year)  May 2, 19	I a.	BIRTHPLACE (State or Foreign Country) Orth Dakota
The street	9a. FACILITY NAME (If not institution, give st  'THE JOHNS HOP) RESIDENCE OF DECEDENT		L		OR LOCATION OF DE	EATN	9c. COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY	ederick	1.77	y, TOWN OR LOCA	TION	·		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	109 East Second	Street			1. ZIP CODE 21701		U.S.	OF WHAT COUNTRY?
200	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 12 A YES IF YES, GIVE WAR OR D. 1953-1961	N U.S. ARMED 2 NO ATES	If yes, op	CENDENT OF HISPAN Decity Cuban, Mexica S ANO Specify	NIC ORIGIN? (Specify Yon, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(Give kind of a	usual occupation work done during me perior perator	ON ost of working		ry Clul	
E COMPL	17. FATHER'S NAME (First, Middle, Last)  Martin John He	ermes				ME (First, Middle, Maide M. Loh	n Sumame)	
2	Mrs. Therese M. He	ermes	P.O.	Box 119	nd Number or Rural I	Route Number, City or To	wn, Stata, Zip Coo 21701	de)
0.00	20a METHOD OF DISPOSITION  **X Burlet 2	S S	PLACE AND DATE	cenete:	ry Dec.	19, 1992	ocation — chy Freder	rick, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	u .	00255	22. NAME A Keer 106	no address of fa ney and h East Chu	Basford P.	A. Fune	eralHome ick,Md. 21701
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a $SEPS$ DUE TO (OR AS A	A CONSEQUENCE O	F):				Approximata interval Between Onset and Death
ENTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A  DUE TO (OR AS A	MINGE CONSEQUENCE OF	AL L	EUK	EMIA		6 days
ED BY PHYSICIAN: MEDICAL CERT	PART II. Other algnificant conditions	CHRONIC				Part I. 24s. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch			
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outp 28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	JURY AT DRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUR	ED
ETED B	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, (	street, fectory, offic	:0	281. LOCATION (Street City or Town, State		iural Route Number,
COMPLE		CIAN: To the best of my know R: On the besis of examination						use(a) and menner as stated.
TO BE C	296. SIGNATURE AND TITLE DF CERTIFIER	Sonior		1 Fellow	29c. LICENSE NUM	ABER 355	29d. DATE SH	GNED (Month, Day, Year)
	30. NAME AND ADDIVESS OF PERSON WHO  ALEX A. A. JEI  31. DATE FILED (Month, Day, Year)	MS JOH	YS HOPK		COLOGY CO	ENTER B.	ATTM	ORE MB 2125
	DEC 1 8 1992	Suha Dayason-						

ITHING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

ON OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



OHMH-16 Rev 1/89

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIE			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATH
		MILDRED S. HUDSON					DECEMBER	31, 19	992	02:30 AM
pinous	1 3		1 □ M 2 🗶 F 92	2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/17/	1900	WV	ACE (State or Foreign
1, 2, 3 sho	TOR	SACRED HEART HOSE				MBERLAND	EATH	7.5	LLEGA	
Pages	DIRECTO	Test	neral		Y, TOWN OR LOCAL  I EDMONT	TION				d. INSIDE CITY LIMITS?  YES 2 \( \text{NO} \) NO
t permit.	RAL	10s. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZ	EN OF WHAT	T COUNTRY?
020 physician. burtal-transit	INER		Hampshire 12. WAS DECEDENT EVER IN			26750			SA	
9 9 9	BY FUN	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	es or No-	Specify: Whi	
r attend	LETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	(Give kind of	USUAL OCCUPATION		16b. KINO OF E	USINESS/INDU		
Spital or hed for u	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIa. Do NOT u	se retired.) L Teach		Fdu	catio	n	
YLAND 2 by the hospital be detached to at once.	COMP	17. FATHER'S NAME (First, Middle, Last)	J+	_SCHOO.	Leatin		ME (First, Middle, Meid			
	BE	John E. Suter					rude (Ha			er
MAR retained 5 should notified	2	19s. INFORMANT'S NAME (Type/Print)					Route Number, City or 1			
		R. Suter Huds	200		ROYAL OF DISPOSITION (NO		ancaste	LOCATION - C		
ALTIMORI beath. Page 6 may funeral director, p		ty⊡ Burial 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	al from State   come	etery cremetory or o	ther niece)		/1993 We			
ALTIN death. Pag funeral dia f. examiner		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE IN		22. NAME AI	ND ADDRESS OF FA	CILITY		porc	7.10
		* William Ht	MIMPOS	10			uneral H		JV 26	750
B nours after d in by the or removal		23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that caused	the deeth. Do	not enter the mo	ode of dying, suc	h sa cardiac or res	piratory arre	st,	Approximate
		IMMEDIATE CAUSE (Finei		100000						Onset and Death
in age		disease or condition resulting in death)	INTRACEREBR							2 DAYS
N 2 5 7 6	-		OUE TO (OR AS A HYPERTENSI		F):					
8 " O F	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A		F):					
EBOX ficate be ex physician a ne prior to	S	CAUSE (Disease or injury c.		·						
S, P.O. Bedeath certificate attending physiental Hygiene print, or other tr	Ë	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
the death the death of Memtal is Injury. o		d.								
7 56 5 7	CAL	PART II. Other significent conditions		ut not resulting	In the underlying	g ceuse given in	Part i. 24a. WAS / PERF	N AUTOPSY ORMED?	AMA	RE AUTOPSY FINDINGS AILABLE PRIOR TO
RECOR requires that been signed by of Health an shows any	EDIC	FACIAL CONTUSION	IS				1 _ YES	2 NO	OF	MPLETION OF CAUSE DEATH?
	Σ					· · · · · · · · · · · · · · · · · · ·			1 [	YES 2 NO
12 6 8 m	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	eck only one)			
VITA	SIC	YES 2 NO	HOSPITAL: Inpetient 2 - ER/Outpe	ntlent 3 🗆 DOA	OTHER: 4 - Nursing Hom	ne 5 🗆 Residence	6 Other (Specify)			
	PH	27. MANNER OF OEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)		IURY WO	IURY AT DRK?	28d. DESCRIBE HOY	/ INJURY OCCI	JREO	
E	B	2 Accident Investigation	12/29/92 28e. PLACE OF INJURY	1:30			PATIENT			
TENDING FITENDING FITENDING S after death	8	3 Suicide 6 Could not be datermined	AT HOME	fy)	street, factory, offic	•	281. LOCATION (Stree City or Town, Sta	to)		
B B on B	Ē	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowle	ados desth occurs	ad at the time date	and place, and due	BOX 238			VA
# 12 E E	COMPL		On the basis of examination							d manner as stated,
TO THE HOSPIT TO THE FUN ED Be filed within 7 IMPORTANT: I	BE C	294 BIGHATURE AND TITLE OF CERTIFIER		חסייס	MED EX	29c. LICENSE NUI				rith, Day, Year)
223	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Print)	D 0915			12/31	./92
24			PAUL SNOT	W M.D. 1	24 W 3RI	ST CUM	3 MD 21502	<u> </u>		
		JAN 0 7 1993	32. REGISTRAR'S SIGNA	TURE						

saleff-carantaly and total.

BALTIMORE, MARYLAND 21215-0020	resident. The two requires that the death certificate be executed within 24 frours after death, Page 6 may be retained by the hospital or attending physician.	a confliction has been signed by the attending physician and completely filled in by the funeral director, nace 5 should be detached for use as the burial-transit name to 2 security	, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDIAL PRINCIPAL THE INVESTIGATION TO THE GRAPH CERTIFICATE DE EXECUTED WITHIN 24	TO THE FUNERAL DIFFERENT ATTACHES CONTINUED THE DESCRIPTION OF THE ATTENDING Physician and completely fi	be filed within 72 hours were the Stiff Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR  1. OECEDENT'S NAME (First, Middle, Last)	STATE OF MA	CE	HIIFIC	ALE OF	DEATH	REG. N	0.	3. TIME OF DEATH
	Edna Marie Hen	dericks					12-23-19	92	12:15AM M
	4. SOCIAL SECURITY NUMBER 220-24-1764	5. SEX 6	62 AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DATE OF BIRTH		a. BIRTNPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give st  KEnt & Queen A  RESIDENCE OF DECEDENT		Hospit			on LOCATION OF	DEATH		TY OF DEATH
DIRECTOR	MD Q. A				own or Local				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	1.		Duu.		H. ZIP CODE		10g. CITIZ	1 TYES 2 NO
ER	Rt 1, Box 125					21668		US	SA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 F IF YES, GIVE WAR	YES 2	IED O	If yes, ap	CENDENT OF NIS pecify Cuban, Me B 2 NO Sp	PANIC ORIGIN? (Specify ) kican, Puerto Rican, etc.) ecify:	es or No-	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16s. DEC	EOENT'S USI	UAL OCCUPATION OF THE COMPANY	ON oel of working	16b, KIND OF B	USINESS/INDU	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	iile.	Do NOT use re	etired.)	usi or working			
MP	17. FATHER'S NAME (First, Middle, Last)		Ho	memak	ter			ome	
							NAME (First, Middle, Melde	n Surname)	
BE	John Whal  19a. INFORMANT'S NAME (Type/Print)		196	MAILING AD	DRESS (Street )		Boyles rel Route Number, City or R	rum State Tie	Control
욘	Patricia Scho	ff					Baltimore		
	28s. METHOD OF DISPOSITION  1 M Surial 2 Cremation 3 Remo		20b. PLACE A	ND DATE OF D	SPOSITION /N	ame of	DATE 20c. L	OCATION — C	Ity or Town, Stata Crumpton
Ţ	21. SIGNATURE OF FUNERAL SERVICE LIC	ellows			Fell	OWS-W	ells Fune	ral H	
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that course only one cause  1. CONGE OUE TO (OIE	on each line.		enter tha mo	ode of dying, a	such as cardiac or rea	piratory arre	at, Approximata interval Between Onset and Daath
ERTIFICATION	Sequentially list conditions,	DUE TO GO CORONA	TIC C	ARDI JENCE OF): ARTE	omy	OPATH	Y		5 years 10 years
	d								
O	PART II. Other algoriticant conditions CHRONIC ORSTR INSULUAL DEPEN	CONTRIBUTION TO DENT	PULW DIABE	aulting in the	he underlying 24 D MEI	g cause given ISEASE LITUS	in Part i. 24a. WAS A PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
O	PART II. Other algorificant conditions CHRONIC ORSTR  INSULIA — DEPEN  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 M NO	UCTIVE IDENT	PULM	TES	24 D MEN 26. PI	LSEASE LLITUS	PERFC 1 YES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Notural S Pending	UCTIVE	PULMS DLASE  R/Outpetlant 3	TES	24 D  MEI  26. PI  THER:  Nursing Hom  WO  26c. INJ  WO	LSEASE LLITUS	PERFO	PRMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1 NO
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 10 NO  27. MANNER OF DEATN	HOSPITAL: 1 Mospital: 26a. DATE OF IN.	PUAW DIABE  R/Outpetient 3 [ JURY - At hom	DOA 4 (26b. TIME OF	24 D 26. PL THER: Nursing Hom WO 1 U	LACE OF DEATH	PERF( 1 YES  (Check only one)  ce 6 Other (Specify)	INJURY OCCL	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 N NO
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINERT?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  2 CERTIFYING PHYSIC	HOSPITAL: 1 Minpatiant 2 = Et 28a. DATE OF Its (Month. Day, 28a. PLACE OF Its building, atc	PUAW DIABE  R/Outpetlant 3 [ JURY   NJURY - At hom. (Specify)	DOA 4 CONTROL OF THE OF	26. PH THER: Nursing Hom F 26. INJ W M 1 1 N, factory, office	LACE OF DEATH  THE STATE OF THE	Check only one)  Control of the results of the cause(a) and multiple of th	INJURY OCCL and Number o	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N NO  WRED  FRUIRI Route Number,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'92

31. DATE FILED (MODIFI, OBY, YEAR)

32. REGISTRANS SIGNATURE
July Davidson-Randall

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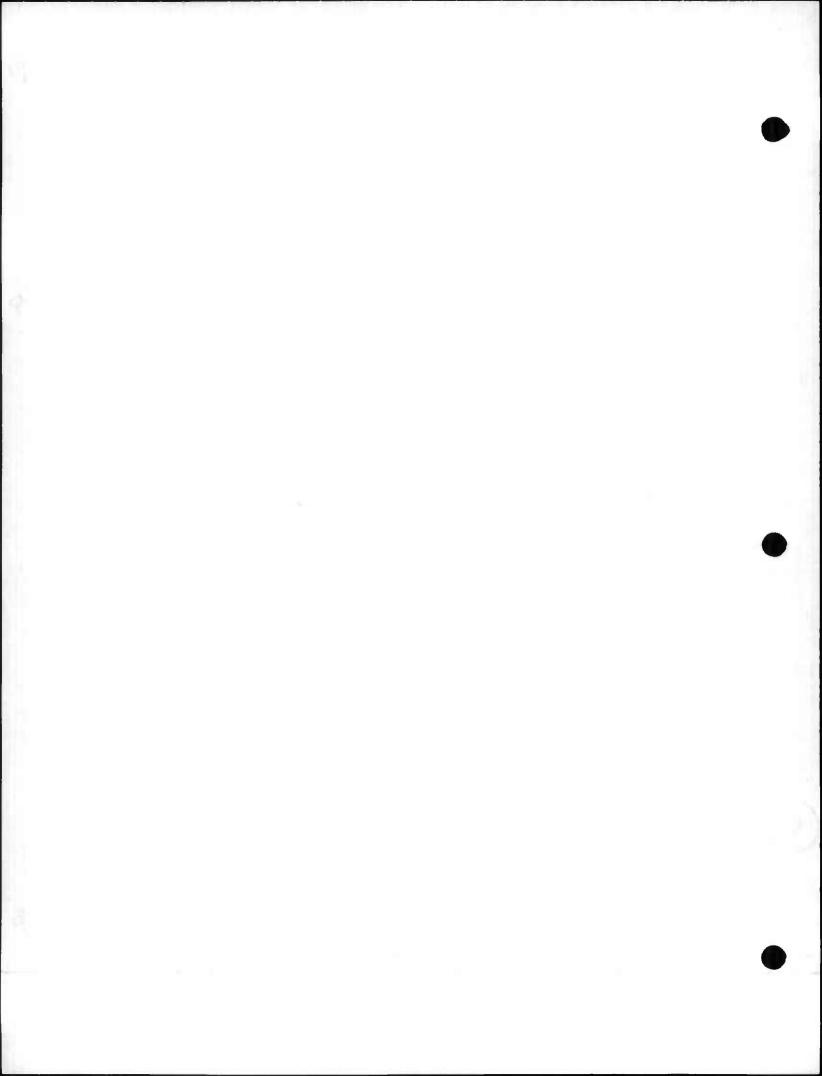
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Ì	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	EALTH AND	MENTAL HYGIE		92	3802	
	1. DECEDENT'S NAME (First, Middle, Lest)  JAMES PI	AGE HURTT				2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH 4:25P M	
	4. SOCIAL SECURITY NUMBER 215-20-0190 9e. FACILITY NAME (If not institution, give se	1 Freet and number)	(In yrs. leat birthday) 74 YRS.		IF UNDER 24 HRS. HOURS MIN.  DR LOCATION OF I	7. DATE OF BIRTH (Month, Day, Year) SEPT. 14		8. BIRTHPLA Country)	MCE (State or Foreign H HILL, MD	
DIRECTOR	KENT & QUEEN ANNI RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		100 00	CHES	TERTOWN		K	ENT		
	MARYLAND K 100. STREET AND NUMBER	ENT		O N.MAII		CK HALL	100	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	5920 N. MAIN ST.	12. WAS DECEDENT EVER IN	N U.S. ARMED		21661	ANIC ORIGIN? (Specify V		USA		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1X YES IF YES, GIVE WAR OR DA WWI	ATES I	If yea, sp	ecify Cuben, Mexic 2 X NO Spec	en, Puerto Rican, atc.)		Black, W Specify:	American Indian, hite, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	usual occupation work done during more retired.)  FOOD CLI	st of working	A&P FO				
BE COM	17. FATHER'S NAME (First, Middle, Lest) GEORGE AUSTIN HU	RTT		1000 021	18. MOTHER'S N	AME (First, Middle, Maide E. TURNER	n Sumame)	KKEIS		
2	190. INFORMANT'S NAME (Type/Print) FLORENCE V. HURT'	Т	BOX 502, R			D. 21661				
	20b. PLACE AND DATE Of DISPOSITION    State   Cremeton   State   Cremeton   Cremeton   Company   Company									
OFFILI IONI IONI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF		My	pelon	d	÷	Onset and Death	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED?  1 YES 2 10 NO									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 DOO	HOSPITAL:	atient 3 DOA	OTHER:	ACE OF DEATH (C	heck only one)  6  Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c, INJ URY WO		28d. DESCRIBE HOW	INJURY OCCI	URED		
	3 Suicide S Could not be datermined	26e. PLACE OF INJURY building, etc. (Spec	At home, farm, a	street, factory, office		281. LOCATION (Street City or Town, State		or Rural Route	Number,	
COMPLETE		IAN: To the best of my knowl I: On the basis of examination							d manner as stated.	
10 05	296. SIGNATURE AND TITLE OF CERTIFIER	m S	Jons	MD.	29c. LICENSE NU	MBER	294. DATE	SIGNED (MO	7/92	
	GEORGEUM	VOUNG	) K	ent a	-l Q	CHE	NAL	ETOU.	HOSPINS	
	31. DATE FILED (MOOTDEC 28 192	32. REGISTRATES SIGN	lavidson-Ra	ndell						

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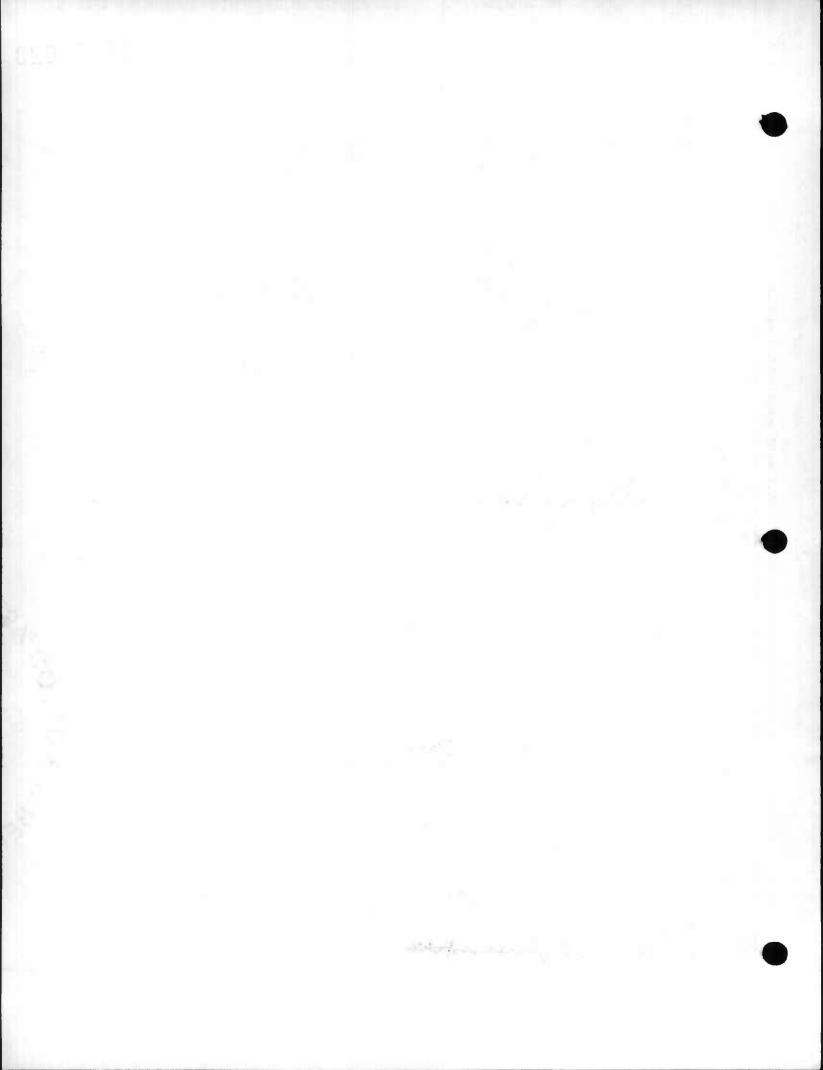
Julia Surdson-Randall

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THE HUSPITAL UR ALLEN	THE FUNERAL DIRECTOR	filed within 72 hours after	
U THE MUSPITAL UR ALLEN	D THE FUNERAL DIRECTOR	e filed within 72 hours after	
IN THE MUSHIAL OF ALLENDING PHISILIAN: THE IBM REQUIRES THAT THE DESTIT CERTIFICATE DE COCCUSED WITHIN 24 HOURS SITEL DESTITY PHISILIAN DE RETAINED BY THE POSPITAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after	

	FOR STATE REGISTRAR	t hilidello tanti	STATE OF I	MARYLAND C	/ DEPAI	RTMENT	OF I	DEA	AND I	MENTAL HYGIEN REG. NO			
	RAY	M.	]	KLINE						2. DATE OF DEATH MONTH December 2	<sup>2</sup> 4, 1	992	11:30 a
	4. SOCIAL SECURITY NUM 220-10-714		5. SEX 1 X M 2 F	6. AGE (In yrs. le 72	yrs.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Dey, Year)  07/09/1920 W VA			
E .	Memorial H								ION OF DI		9c. COU	NTY OF DEA	TN
DIRECTOR	RESIDENCE OF DE	_			T 40= 00	Cumberland TY, TOWN OR LOCATION					A	11ega	
DIRI	PA		BEDFORD		NDM						Od. INSIDE CITY LIMITS?  YES 2 NO		
FUNERAL	R. D. 1		106				10f. ZIP CODE 15545					IZEN OF WH	AT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 X  3 Wildowed 4 Dive	IE VEC CIVE WAR OR DATEC				- 1	yes, sp	ecify_Cubi	OF HISPAP an, Mexica Specify	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	Black, 1	- American Indian, White, etc.
COMPLETED	15. DEC (Specify on Elementary/Secondary (	(0	Give kind of a. Do NOT u	work done of retired.)	furing mo	ON ost of worki	ing	TEXTIL		DUSTRY	CTURING		
BE COM	17. FATHER'S NAME (First, A	Aiddle, Last)	WILLIAM	II. KI	INE					ME (First, Middle, Melden DA ELLEN		тн	
TO B	19a. INFORMANT'S NAME (			11						Route Number, City or Tow			
_	CECELIA 20a_METHOD OF DISPOSIT			20h BI ACE				_	106,	HYNDMAN			
	20 METHOD OF DISPOSIT  1 M Burlet 2 Crematic  4 Donation 5 Other	on 3 - Rem	oval from State	SUNSET MEM. PK. 12/28/92 CUMBERLAND, MD									
	22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636												
CERTIFICATION	23. PART I. Errier the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure list only one cause on each line.  Approximate interval Between Onset and Death disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	that initiated events resulting in death) LAST  d.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  Curebyo Varuar focials  1 yes 2 No  24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 yes 2 No												
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	FB/Outpetient	2 DOM	OTHER	1:			eck only one)			
	27. MANNER OF DEATH  1 Netural 5	Pending Investigation	28e. DATE OF (Month, D	INJURY	28b. TIN		28c. INJ			8 Other (Specify)  28d. DESCRIBE NOW I	NJURY OC	CURED	
TED BY	2 Accident 3 Suicide 8  4 Nomicide	Could not be determined	28e. PLACE O building,	F INJURY — AI to etc. (Specify)	ome, farm,	street, facto	ory, offic	•		28f. LOCATION (Street a City or Town, State)	and Number	or Rural Rou	te Number,
COMPLETED										to the cause(e) and mer			nd menner ee atated.
BE	29b. SIGNATURE AND TITLE			ofine (	-	Dr		29c. LIC	ENSE NUN	IBER			Conth. pay, Year)
5	on Dr. Qamar				M 27) (Type	, Print)		102,	Cuml	berland, M	D 21	1502	( '
	31. DATE FILED (Month, Day, DEC 29	Year)		R'S SIGNATURE	N.								



BALTIMORE, MARYLAND 21215-0020

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	this certificate has been signed by the attending physician and completely filled in by the funeral director	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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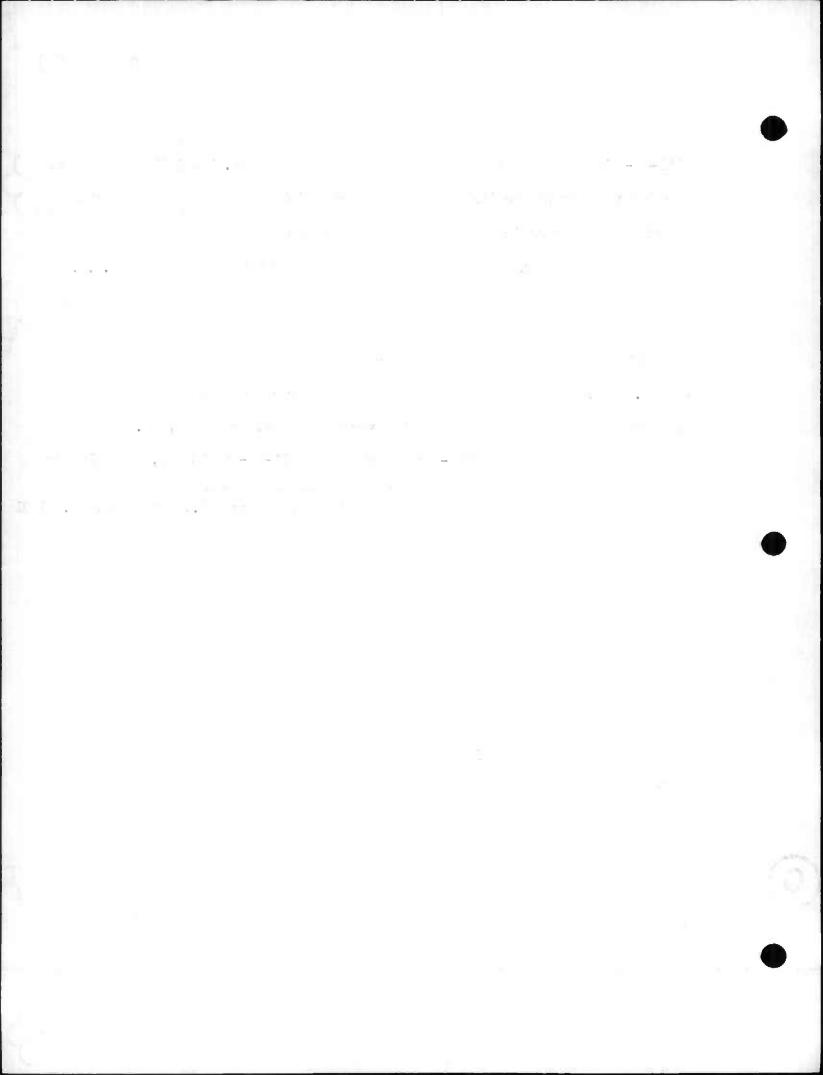
	REGISTRAR		LAND / DEPARTMENT ( CERTIFICATE	OF DEATH	REG. NO			
	1. DECEDENT'S MANE (First, Middle, Lest Will Lam	R. R.	Kasanicky	icky	DOTH 14	199	3.1	ME OF DEATH
	4. SOCIAL SECURITY NUMBER  236-64-69	5. SEX 6. AGE	E (In yrs. last birthday) IF UNDER 1 1 YRS. MONTHS E	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	13 1	BIRTHPLAC Country) Penns	ylvania
TOR	9a. FACILITY NAME (If not institution, give Frederick RESIDENCE OF DECEDENT	Memoria	HODEL SECTIVE	OWN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH	lenick
DIRECTOR	100 STATE Wirgin 100 COUN	TY	10c. CITY, TOWN OR	ecling	,			INSIDE CITY LIMITS? XYES 2 \( \) NO
FUNERAL	10e. STREET AND NUMBER	nel pd		101. ZIP CODE	003	10g. CITIZE		
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YES IF YES, GIVE WAR OR I	3 2 NO Hy	S DECENDENT OF HISPA es, specify Cuban, Maxic YES 2 NO Spec		Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
ETED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S USUAL OCCI (Give kind of work done duri life. Do NOT use retired.)	JPATION Ing most of working	JSINESS/INDUS			
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Supervisor		P. P.	G. In	udust	ries
	17. FATHER'S NAME (First, Middle, Lest) Peter L. Kasanio	ky			AME (First, Middle, Maider argaret Pil			
TO BE	19a. INFORMANT'S NAME (Type/Print) Nancy W. Kasanic	kv	196. MAILING ADDRESS (S	Street and Number or Rura		wn, State, Zip Co	de)	26003
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re	20	Db. PLACE AND DATE OF DISPOSITION  metery, crematory or, other Diago		16, 1992			
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that ceuse List only one cause on	MOOO21 10	e mode of dying, su	Basford Fu	ineral <u>rederi</u> iretory srrest	Home ck. N	Approximate interval Between Onset and Da 36 hour
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS  DUE TO (DR AS  C.						
ш	resulting in death) LAST	d						
: MEDICAL CE	PART II. Other significant condition	one contributing to death	but not resulting in the unda	rlying cause given in	1 Part I. 24s. WAS AF PERFO	RMED?	COM OF D	ABLE PRIOR TO
: MEDICAL CE	PART II. Other significant condition Renal C	HOSPITAL:	OTHER:	26. PLACE OF DEATH (C	PERFO 1 YES:	RMED?	COM OF D	LABLE PRIOR TO PLETION OF CAUSI JEATH?
SICIAN: MEDICAL CE	PART II. Other significant condition Renal C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	ell Cano	tpetient 3 DOA OTHER:	26. PLACE OF DEATH (C. g Home 5 ☐ Residenca	PERFO 1 YES:	RMED? 2  NO	AWAR COM OF D	PLETION OF CAUSE LEATH?
BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition Renal C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	HOSPITAL:  1 X Inputtent 2 = ER/Out  26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE DF INJURY	tpetient 3 DOA OTHER:    1	26. PLACE OF DEATH (C. g Home 5 - Residence c. INJURY AT WORK?	PERFO 1 YES : heck only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMED? 2  NO	AWAR COM OF D 1 🗇	LABLE PRIOR TO PLETION OF CAUSE PRIOR PR
D BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition Renal C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inpattent 2   ER/Out 26a. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA OTHER:    1	26. PLACE OF DEATH (C. g Home 5 - Residence c. INJURY AT WORK?	PERFO 1 YES :	RMED? 2  NO INJURY OCCUR	AWAR COM OF D 1 🗇	LABLE PRIOR TO PLETION OF CAUSI EATH?  YES 2 NO
D BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition Renal C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	HOSPITAL:  1 X Inpettent 2 = ER/Out  26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE DF INJUR building, etc. (Spe	tpetient 3 DOA OTHER:  28b. TIME OF INJURY M  Y — At home, farm, street, factory, ecity)  Wiedge, dasth occurred at the time	26. PLACE OF DEATH (C. I) Home 5 Residence c. INJURY AT WORK? 1 YES 2 NO office	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  a to the cause(a) and ma	RMED? 2  NO INJURY OCCUR and Number or I	AWAR	ABLE PRIOR TO PLETION OF CAUSE LATH?  YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition Renal C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	HOSPITAL:  1 Inpettent 2 ER/Out  26a. DATE OF INJURY (Month, Day, Year)  26a. PLACE DF INJURY building, etc. (Spe	tpetient 3 DOA OTHER:    1	26. PLACE OF DEATH (C. I) Home 5 Residence c. INJURY AT WORK? 1 YES 2 NO office	heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Stele) a to the cause(a) and male time, date and place, as	RMED? 2  NO INJURY OCCUR and Number or I	AWARA COMMO OF D 1 □	ABLE PRIOR TO PLETION OF CAUSI EATH?  YES 2 NO  Number,  manner ea stated
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition Renal C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL:  1 Xinpetient 2 = ER/Out  26a. DATE OF INJURY (Month, Dey, Year)  26a. PLACE DF INJURY building, etc. (Spe	tpetient 3 DOA 4 Nursing  28b. TIME OF INJURY M  27 At home, farm, street, factory, ecity)  Wedge, dasth occurred at the time on and/or investigation, in my opini	26. PLACE OF DEATH (C. I) Home 5 Residence ic. INJURY AT WORK? 1 YES 2 NO, office  , date and place, and du lion, death occured at the 29c. LICENSE NU 2 3 4/5	PERFO  1 YES:  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  a to the cause(a) and male time, date and place, at	INJURY OCCUR  and Number or It  nner as steled, and due to the ci	AWAR COME OF D  1 □  Rural Route I  Buse(a) and	Number,  manner ea stated  th, Day, Year)

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	ON OF VITAL BECORDS

		1 - FOR STATE OF REGISTRAR	MARYLAND / DEP/ CERTI	ARTMENT OF I		MENTAL HYGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last) May Mark	Mecra			2. DATE OF DEATH DAY	9 YEAR	3. TIME OF DEATH 8:28 PM		
p		4. SOCIAL SECURITY NUMBER  171-07-5610  5. SEX  1 □ M 2 ▼ F	6. AGE (In yrs. last birthda	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	Nov. 15, 1	911 SPE	hnsylvania		
, 2, 3 should	TOR	Be. FACILITY NAME (If not institution, give street and number)  Frederick Memorial Hospi  RESIDENCE OF DECEDENT	tal		on Location of Di derick	EATH	sc. COUNTY OF DE Fred	erick		
t. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Frederick	10c. (	TY, TOWN OR LOCAL	TJON derick			10d. INSIDE CITY LIMITS? 1 YES 2 A NO		
n. Insit permit.	ERAL	6377 Overbrook Court	· · · · ·	10	1. ZIP CODE 21.	701	10g, CITIZEN OF WI	TIZEN OF WHAT COUNTRY?		
5-0020 nding physician. st the burial-transit	BY FUN	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. ARMED  1 YES 2 ANO  WAR OR DATES	13. WAS DEC	- American Indian, White, etc.					
2121 al or atte for use a	PLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	(Give kind	r's USUAL OCCUPATION work done during mo use retired.)	ON ost of working	166, KIND OF BUSIN				
YLA by the be def	Ш	17. FATHER'S NAME (First, Middle, Last) John H. Owens			18. MOTHER'S NAME (First, Middle, Meldon Surname) Grace Mumpher					
E, MAR y be retained sage 5 should be notified	TO B	190. INFORMANT'S NAME (Type/Print) Kim Arthur Owens				Frederick		701		
e 6 ma ector, p		20a. METHOD OF DISPOSITION 10 Burlei 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	A CO-RESTE		12-	19-92 Altoo	na, Penn			
death. e funerall.	_ 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  **XULLAND C. C. MS. F. C. C. C. MS. F. C.	nd M0002	El Ke		Basford Fu				
within 24 hours within 24 hours cremation, or referent, the median		23. PART I. Enter the diseases, or complications to shock, or heart failure. List only one community is caused in the shock of the shoc	nat caused the death. Do ause on each line. TIO SCLEYOT TO GOR AS A CONSEQUENCE	o not enter the mo	ode of dying, suc	h as cardiac or respira	story arreat,	Approximata Interval Between Onset and Death		
P.O. BOX 681 th certificate be execute ending physician and cc i Hygiene prior to buria or other traumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
HDS, Part the death by the attenant Mental Hy Injury, or	CAL CE	PART II. Other significant conditions contributing	to death but not resulting	g in the underlyin	g cause given in	Part I. 24a. WAS AN AI PERFORM	ED?	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
I AL KECOK The law requires that the has been signed by ate Dept, of Health an em 23 shows any	N: MEDIC					1 TYES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN: The law certificate has be the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 \( \text{NO} \) NO  1   Input left 2	ER/Outpetlent 3 □ DOA	OTHER:	LACE OF DEATH (Ch	8 Other (Specify)				
PHYSICI. This cert with the	BY PHYSICI	27. MANNER OF DEATH  1 Natural 5 Pending  28e. DATE (Month,	OF INJURY 28b. T	IME OF 28c. INJ	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED			
TTENDI TTOR: A after d	8	3 Suicide & Could and 28e. PLACE	OF INJURY — At home, farm g, etc. (Specify)	n, street, factory, offic		281. LOCATION (Street and City or Town, State)	1 Number or Rural Ro	ute Number,		
Z 70 =	COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of MEDICAL EXAMINER: On the bast of						end menner as stated.		
TO THE HOSPIT TO THE FUNERA De filed within 7	B	2945 SIGNATURE AND TITLE OF CERTIFIER	G~		D351		P 12 14	Merith, Day, Year)		
	5	30. NAME AND ADDRESS OF PERSON WHO CONFLETTED CO				Dalhersv.	Ile, MD	21793.		
		DEC 4 0 4000 /	RAR'S SIGNATURE	lell_						



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DIVISION OF VITAL RECORDS, P.	LOR ATTENDING PHYSICIAN: The law requires that the death of	THAL DIRECTOR After the critificate has been signed by the attendi
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_	FOR STATE REGISTRAR			MARYLAND C	/ DEPAR	RTMENT	OF H	EALTH DEA	AND		YGIENE EG. NO.		, , , , , , , , , , , , , , , , , , , ,	
	1. DECEDENT'S NAME (First		garet	Agnes		McC	ANN	ER		2. DATE OF D	er 12,	1992	3. TIME OF DEATH 6:50 D M	
	4. SOCIAL SECURITY NUMBER 213-74-6275	BER	5. SEX	8. AGE (In yrs. In	st birthday)	IF UNDER		7	R 24 HRS.	7 7 7 7 7 7 7		8. BIRTH	PLACE (State or Foreign	
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	TOWN (	R LOCAT	ION OF DE	EATN	N 9c. COUNTY OF DEATN			
DIRECTOR	Homewood Re	tireme	ent Cente	r				ericl				reder		
) H	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY	
	Maryland	]	Frederick			Fred	erio	k					LIMITS?	
A P	10e. STREET AND NUMBER					10f. ZIP CODE					10g. C	ITIZEN OF V	WHAT COUNTRY?	
<u> </u>	215 East Fi	215 East Fifth Street						21701				U.S.	Α.	
FUNERAL	11. MARITAL STATUS						NAS DEC	ENDENT (	OF NISPAN	HC ORIGIN? (Sp	ecify Yas or No-	_	- American Indian,	
BY F	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE V	YES 2 X	If yes, specify Cuben, Maxican, Puer 1 ☐ YES 2 ★ NO Specify:				n, Puarto Rican,	etc.)		k, Whita, atc.		
0		EDENT'S EDU		16a, D6	ECEDENT'S	USUAL OC	CUPATIO	)N		16b. KING	OF BUSINESS/II	UNITEDY	White	
<u></u>	Elementary/Secondary (0	v highest grade ⊢12)	College (1-4 or 5	- 10	Sive kind of a n. Do NOT us	work done o se retired.)	luring mo	st of worki	ing	100.1011	or Boomega,	10001111		
MPL .	7			H	omema	ker								
once.	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOT	HER'S NA	ME (First, Middle	Malden Surname)			
TO BE	Michael	Judg	ge HO	UFF				Ur]	lefia	1		RE	ENNER	
5	19a. INFORMANT'S NAME (7)			19	b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Number, Ci	ty or Town, State, 2	(ip Code)		
De ne	Mrs. Kathleen T. Marrone 110 Frederick Avenue, Frederick, Maryland 21701													
	20a. METHOD OF DISPOSITI		noval from Stata	20b. PLACE	AND DATE (	OF DISPOSI	TION (Na	me of		DATE	20c. LOCATION -	- City or To	wn, Steta	
E	4 Donation 5 Other			Moun	t 01	ivet	Cem	eter	<b>y</b> 1:	2/15/92	2 Freder	rick,	Maryland	
i examiner must	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  MO0706  22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 21701													
event, the medical											Approximate interval Between Onset and Death			
or other traumatic	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL C	PART II. Other algnificer	nt condition	ns contributing to	deeth but not r	resulting I	n the und	deriying	cause (	given in		WAS AN AUTOPSY PERFORMED? YES 2'5 NO	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)				
or item	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 KNurs	:			6 Other (Spec	16.1			
일	27. MANNER OF OEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT	IONDOINCE		HOW INJURY OF	CCURED		
BY		Pending nvestigation	(Month, D		LNI	M		ES 2	] NO					
ETED		Could not be letermined	28e. PLACE Of building,	F INJURY — At ho ntc. (Specify)	me, farm, a	treet, facto	ry, offica			281. LOCATION City or Town	(Street and Number, State)	or Rural A	oute Number,	
를 건	29a. CERTIFIER (Check only 2 MEDIC	FYING PHYSI	CIAN: To the best of ER: On the basis of ax	my knowledge, de amination and/or i	ath occurre	d at the tin	ne, data Inlon, da	and place,	, and dua	to the cause(s) :	and manner as sta leca, and dua to t	Red. the cause(a)	and mannar as stated,	
BE	296, SIGNATURE AND TITLE	Continue	n 1	1. D.				29c. LICE	.0587	BER	29d. DA	TE SIGNED	(Month, Day, Year) ber 14,92	
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (ITER	W 27) (Type,	Print)								

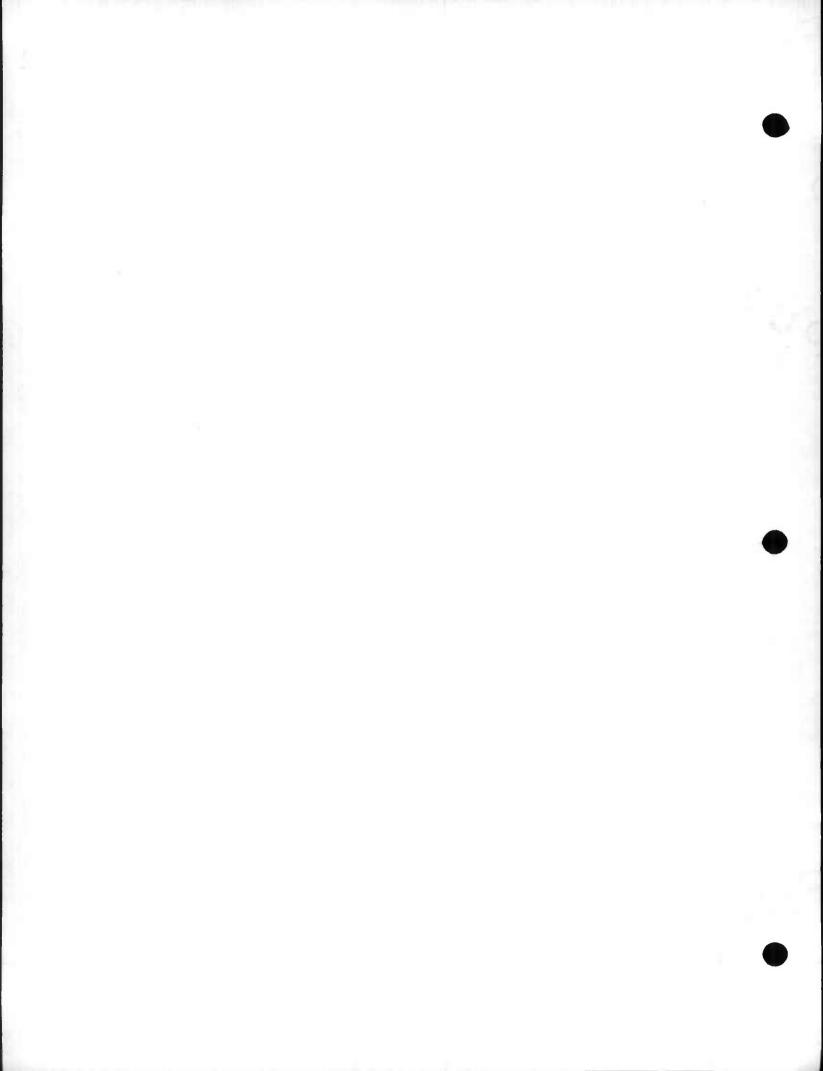
30 West Ninth Street, Frederick, Maryland
32 REGISTRAR'S SIGNATURE
Julia Landson Mandelle

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TO THE TOWN THE PARTY OF THE PA	TO THE FUNDER. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial train	and the	.0
Building	as the	4	, o
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2000	the at	Menta	njury,
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dollas	n sign	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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_	1 - FOR STATE REGISTRAR	STATE OF MA		EPARTMEN RTIFICAT				ENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DA	NV.	VEAR	3. TIME OF DEATH
1		B. MCDANIE	LS			_			7	92	8:30 рм
- 27	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last b	irthday) IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH	IPLACE (State or Foreign
1	212-19-1700	1 🗆 M 2 💢 🗲	6	YRS.	LIMITS	HOURS		Sept 16,19	986		.ahoma
H	9a. FACILITY NAME (If not institution, give a JOHNS HOPKINS					OR LOCATION OF LOC	ON OF DEA	тн Т	Sc. COL	TIMO	EATH RE
15	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	r		10c. CITY, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	W.Va. Jeffe	rson		Harper	s Fe	rry					1 TES 2 NO
FUNERAL	100. STREET AND NUMBER P.O.BOX 228			1.72	M. ZIP COOK 25425				S.A.	WHAT COUNTRY?	
N	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	D 1				OBIGINZ (Specify Yes			E — American Indian.
	Maring 7 maring 7										
84	3 Widowed 4 Divorced	100, 0.10 1041	OII DATES		1   12	· · XX	зреску:			whi	
	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPleted)	16a. DECE	DENT'S USUAL kind of work don	OCCUPATI	ION oct of words		16b. KIND OF BUS	SINESS/IN		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. De	o NOT use retired	.)	OSK OF WORK	9	1			
COMPLET	1	0		studen	t						
	17. FATHER'S NAME (First, Middle, Last)							E (First, Middle, Maiden			
 B	Ricky Lee McD  19a. INFORMANT'S NAME (Type/Print)	aniel						Lynn You			
2	A COURT OF A PROPERTY OF A PARTY							oute Number, City or Town			
60	Rick McDaniel 20a, METHOD OF DISPOSITION						IS I	-			line and
	Burlai 2 Cremation 3 Removal from State Company crematory or other place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
	15.12	A. 1.1.1	11.	J	ohn '	T. Wi	11ian	ns Funeral	L Hor	ne	
	Barbara A. Wi		mer	1	00 P	eters	ville	Rd. Brur	nswi	ck, Mc	
	23. PART I. Enter the diseases, or shock, or heart fellure.	List only one cause	on each line.	n. Do not ente	er the m	ode of dy	ing, such	as cardiac or reapi	ratory a	rreat,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	1	V)			1)	-1	- Sh	1	12.00	Onset and Death
	resulting in death)	DUE TO (OR	AS A CONSEQUE	OHCE OF):	7		1241	132 J	HIM	rec	dwks.
Z	Sequentially list conditions,	Shock			1			/			13Wkx
ERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING	DUE TO COR	AS A CONSEQUE	ENCE OF):	1						2
일	CAUSE (Disease or Injury	a pur to one	AS A CONSEQUE	363 	My 5	1)	1210	34			JW/ss
Ē	that initiated events resulting in death) LAST	1	1//	- J.	1		20				12.
뜅		e was the	17	A 1701	Yare			CANTO			1 2/12
¥	PART II. Other significant condition	s contributing to de	eth but not res	ulting in the	inderlyin	g ceuse (	given in P	Brt I. 24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS
MEDICA								1 _ YES 2	10		COMPLETION OF CAUSE OF DEATH?
								_	0		1   YES 2   NO
PHYSICIAN:		_									
ᅙ	25. WAS CASE BEFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF D	EATH (Chec	k only one)			
ΙΥS	1 YES 2 NO	1 Inputient 2 EF		DOA 4   N	ursing Hor		-	Other (Specify)			
	1 Natural 5 Pending	(Month Day,	bar)	286. TIME OF INJURY	W	JURY AT DRK?		20d. DESCRIBE HOW I	NJURY OC	CURED	
β A	2 Accident Investigation	26s. PLACE OF IN	IIIDY - Al home	M. P.	-	YES 2		N A		. 5	
圓	3 Suicide 6 Could not be 4 Homicide determined	building, etc.	(Specify)	, 141111, 511561, 14	nation y, corns			City or Town, State)	ing Numbi	W OF PILITER I	Number,
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	baseladas daeth		4	e o u c	44.5	10/2-	oues.	aleco.	
N N	(Check only one) 2 MEDICAL EXAMINE										) and manner as stated
	296. SIGNATURE AND TITLE OF CENTIFIES		0				NSE NUMB				(Month, Day, Year)
) BE	hom of	Down	1/1			3	534	1	•	12/1	7 102
욘	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH OTEM 2	(Type, Print)	11		1	N. X	11	1,1	1 N N N
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	1)10	Klock	4	600	10.	6 +	5-	150 HO MU
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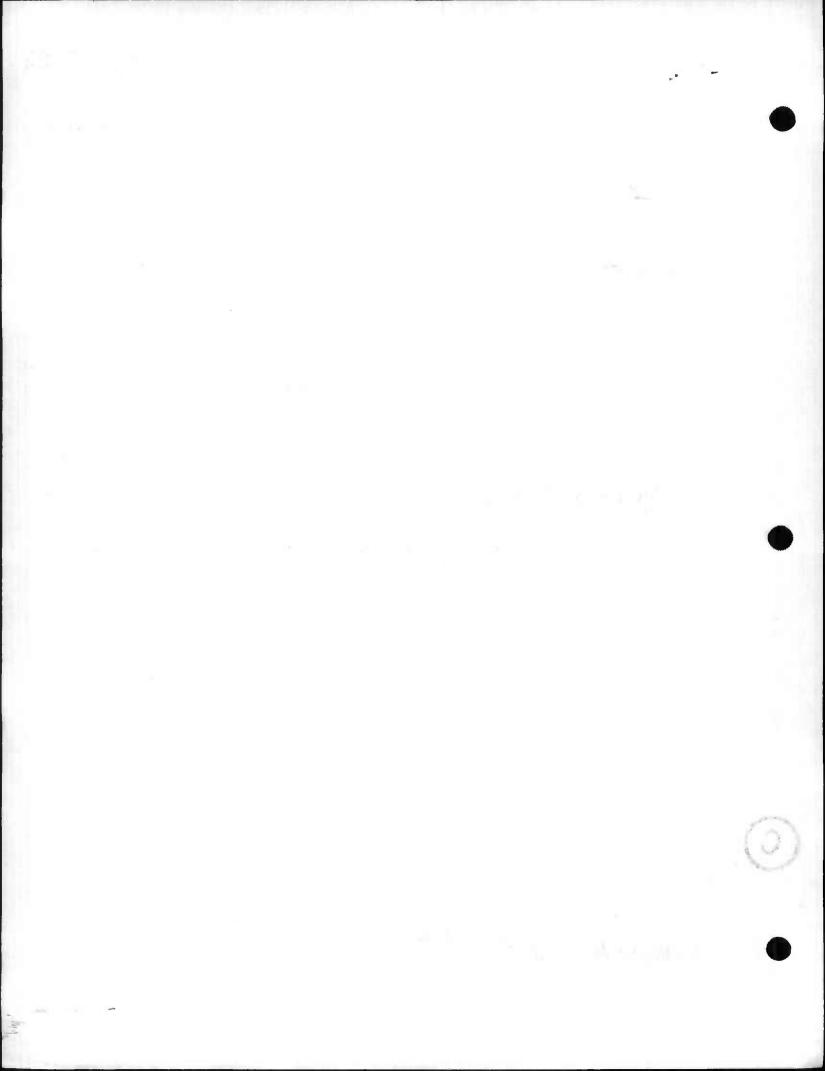
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PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached fi	
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3	2	H
-0	Tas	e
Ĕ	92	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
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											S	32 3	380	)33
		1 - FOR STATE REGISTRAR	STATE OF I		D / DEPAR					MENTAL HYGIEI REG. NO				
	1	1. DECEDENT'S NAME (First, Middle, La.								2 DATE OF DEATH		3.	TIME OF	DEATH
	- 7	Daniel NM	Nielse	en						12-28-1	992	FRASY	2:	45 PM
		4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER 24		7. DATE OF BIRTH		8. BIRTHPL. Country)	ACE (Stat	e or Foreign
20		577-01-8405-A			88 YRS.	MORTHS	DAYS	HOURS	MIN.	12-10-1	904	Conn	ect	icut
3 should	_ 1	Sa. FACILITY NAME (If not Institution, give				9b. CITY	TOWN O	R LOCATION	OF DE	ATH		JNTY OF DEAT		
2, 3	0	Frederick Mem	orial Ho	spita	1	Fr	ede:	rick			Fre	ederi	ck	
es 1,	DIRECTOR	10a. STATE 10b. COU			10c. CIT	Y, TOWN C	R LOCAT	ION				10	d, INSIDI	E CITY
Pag	8	Maryland Fre	derick		Fre	eder	ick						LIMITS	2 NO
ermit		10e. STREET AND NUMBER						. ZIP CODE			10g. CIT	TIZEN OF WHA	-	
. usit	FUNERAL	5820 Genesis	Lane				2	1701				USA		
Sician lal-tra	5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	. ARMED	13.	MAS DEC	ENDENT OF	HISPAN	IC ORIGIN? (Specify Y	es or No-	14. RACE -	America	n Indian,
phy a	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2					Mexicar Specify	n, Puerto Rican, etc.)		Constitu	Vhite, etc.	
as the			1									1	Whi	te
the hospital or attending physician, detached for use as the burial-transit permit. Pages 1, 2, once.	COMPLETED	15. DECEDENT'S E (Specify only highest gr	sde completed)		(Give kind of the Do NOT u	work done	CUPATIO	ON st of working		16b. KIND OF BI	USINESS/IN	DUSTRY		
pital of for	2	Elementary/Secondary (0-12) 1 2	College (1-4 or 5		edera					71 9	COM	ernme	n+	
detach once.	No.	17. FATHER'S NAME (First, Middle, Last)			· cacr	- 11	OIK		R'S NAI	ME (First, Middle, Malde		CIIIIIE	11 C	
4 2 to	C	Clemen Niels	en							ia Niels	,			
5 should	0	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a			loute Number, City or To		io Code)		
e reta	2	Anne Nielsen								Freder			701	
r, page		20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 R	amount to an Otata	20b.PLA					_				_	
rector, present		4 Donation 5 Other (Specify)	emover from State	Res	sthave	EM M	em.	Gard	den	S Fre	eder.	ick,M	ary	land
death. Pag huneral dir f. examiner		21. SIGNATURE OF FUNERAL SERVICE		1		22	MAME AN	IO ADDRESS	OF EAS	in, Inc.				
		▶ Ernest c	7. Rugy	n.		C	umb	erla	nd,	Md. 2150	02	Dare	TINO	IE AV
ours after d in by th or remove medical		23. PART I. Enter the diseases, o shock, or heart failui	or complications the	it coused the	death. Do							rrest,		roximate
filled in on, or re		IMMEDIATE CAUSE (Final												val Between et and Death
		disease or condition resulting in death)	a. PNE	umo	NIA								12	DAYC
executed within and completely to burial, cremati			OUE TO	(DR AS A CON	NSEDUENCE O	r):								
at and	N	Sequentially list conditions,	- a 6 H				6						1	MO
e be execut sician and c rior to buris traumatic	ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(DR AS A CON	NSEQUENCE O	f):								
certificate be ding physician tygiene prior t r other traus	임	CAUSE (Disesse or Injury that initiated events	c	(OR AS A CON	NSEQUENCE O	f);							-	
nding Hygie	E	resulting in death) LAST	d.											
death e atte emtal	ᄀ												<u> </u>	
that the death certificate be ex d by the attending physician a h and Mental Hygiene prior to my Injury, or other traum:	DICAL	PART II. Other significant condit									N AUTOPSY ORMED?	Ale	AILABLE!	
v requires that been signed b nt. of Health an	EDIC	ATRIAL FIBR	L a VA	2/	THE	10	1481	ELET	MEL	LITA 1 TYES	2/1/10		F DEATH?	N OF CAUSE
requires een sign of Heal	X	VEMIENTIA /	CVA	RECU	RILEN	<u> </u>		·		-		1	☐ YES	2 ND
has be Dept.	A	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEA	TH Mb	ort anti-anni				
SICIAN: The certificate he the State if or Item	PHYSICIAN	EXAMPLER?  1 W YES 2 ND	HOSPITAL:	ER/Outpation	# 3 □ DOA	OTHER	t:	1000	7.00	6 Other (Specify)				
Certific of the	H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT	Serice	28d. DESCRIBE HOW	INJURY OC	CCURED		
NG PHYS fer this c eath with marked,	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	in II/Z	192		DURY DAM	1 🗌 1	RK? (ES 2 🗗	NO NO	FELL OUT	OF	BED	}	
NDING R: After rr death Is ma	0	3 Suicide 6 Could not	26s. PLACE D	F INJURY - A	t home, lerm,	atreet, lact	ory, office			261. LOCATION (Street City or Town, State	t and Numbe	er or Rural Rout	te Numbe	2/701
OR ATTENDING PHYSICIAN: The law requires that the death DIRECTOR: After this certificate has been signed by the attenhours after death with the State Dept. of Health and Mertal it Item 28 is marked, or Item 23 shows any Injury, or	ETE	4 Homicide determined	AT	HOME						5820 GEN				
			YSICIAN: To the best of	my knowledge	, death occurr	ed at the 1	me, data	and place, a	nd due	to the cause(s) and m	anner as sta	nted.		
FUNERAL within 72 I	COMPI		INER: On the bests of a	xamination end	Mor Investigation	אנה הייוני	olplon, d	eath occured	at the	time, date and place, s	and due to I	lhe csuse(s) s	nd manne	or as stated.
TO THE FUNERA TO THE FUNERA De filed within 7 IMPORTANT: I	BE (	296. SIGNATURE AND TITLE OF CERTIF	done hom	000				29c. LICENS				TE SIGNED (M		Year)
222	2	30. NAME AND ADDRESS OF PERSON			UTEM 2D /5-	Delet		D 21	431	b	1	2 · 30 ·	72	
4		ANDREW O. DI	DWELSON,	MD MD	915	70L	cito	use	tr 2	203 FR	EDEN	REK	,mo	21701

Manual Carlo Maker

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention physician.	confident has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit, Pages 1, 2, 3 should	s, w tentowa. s medical examiner must be notified at once.	
SISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOST DUTY TENDING PHYSICIAN. The law requires that the death certificate be executed within 24	TO THE IN THAT IN COLD BY THE CONTROL HAS been signed by the attending physician and completely filled in by the face.	IMPORTANT II Imm 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

•	FOR 1 - STATE REGISTRAR	STATE OF MA		EPARTMEN			MENTA	L HYGIEN	_	- L.	. 00	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		EAR	3. TIME OF DEA	тн
	Bessie		Nelson				12	2	6 19	92	3:40	AH
	216-16-7260	1 □ M 2/E/F	AGE (In yrs. last bi	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTH th, Day, Year) /11/2		Country	ryland	
OR B	9a. FACILITY NAME (If not institution, give some some some some some some some som	t.				ertown	EATH		9c. COUNTY	of DE		
DIRECTOR	10e. STATE 10b. COUNT		1	юс. сту, томы Сће		rtown					10d. INSIDE CIT LIMITS? 1 YES 2	
	10. STREET AND NUMBER  The street and number from the street and number fro				10	21620	)			S .	HAT COUNTRY?	NO
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES XXNO	D 13	It yes, sp	ENDENT OF HISPA ecify Cuban, Maxic 2 NO Speci	an, Puerto		or No 14	Black,	- American Indi White, atc. y: Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give i	DENT'S USUAL kind of work don NOT use retired	a durina me	ON st of working	166	. KIND OF BUS		TRY		
AP.	8th		Fa	ctory	Wor	ker		Fac	tory			
BE CO	17. FATHER'S NAME (First, Middle, Last) OSCAY Edw	ard Joh	nson			18. MOTHER'S NA	AME (First,	Middle, Maiden thel	Sumame) Come	gy	S	
10 B	19a, INFORMANT'S NAME (Type/Print)		19b. N			nd Number or Rural	Route Num	ber, City or Tow				
	Priscilla Jac	kson	2	20 F	ront	St. C	hest	ertow	n, Mo	i .	21620	
	20a. METHOD OF DISPOSITION 1XC Murial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	A	20b. PLACE AND camelery, cremate ASbur	v Chu	1	me of Cemete:	PAT		cation — cin		wn Md.	
	James A. Perkin		1 Serv	ice 2	1706	Hall,	Hall 1					
	23. PART I Lenter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse	on each line.			de of dying, suc		diec or reapi	ratory srrest	le .	Approximinterval B Onset and	stween
HILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL CE	PART II. Other algolificant condition	s contributing to de-	eth but not resu	uiting in the c	inderlyln	j ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY F AMRIABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	TO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (C)	neck only or	ne)				
2	1 TYES 2 CLAYO	t Inpatient 2 ER		DOA 4 N	rsing Hom	e 5 🗆 Residence						
2 2	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, )		8b. TIME OF INJURY M		URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
- 0	3 Suicide 6 Could not be determined	26s. PLACE OF IN building, etc.	IJURY — At home, (Specify)	form, street, fo	ctory, offic		28t. LOC City	ATION (Street a or Yown, State)	and Number or	Rural Ac	oute Number,	
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE	CIAN: To the best of my								euse(s)	and manner as s	tated.
200	206. SIGNATURE AND TITLE OF CERTIFIE		10-			29c. LICENSE NUI	MBER				Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH					D00 3			- 16	-13	0192	
	31. DATE FILED (Month, Day, Year)	MAN MEGISTRAR'S	SIGNATURE DEL		<b>E27</b>	Enve	2007	U, V	nol		-	
	ner 30'92	greta David	2011-Nailord									



	e hos	etach		9000
	N C	8		-
	THINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	The man this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		offfied 2
	y be r	age 5		he n
	6 ma	ctor, p		hust
	Page	d dire		ner n
	death.	e funera	-	exami
	after	Dy the	mova	Cal
	hours	ui pa	0 70	med
	n 24	by fill	ation,	the
•	M with	omplete	il, crem	event
	execute	and c	to buria	matic
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	ertifica	ng ph	Diene	other
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41	1. DECEDENT'S NAME (First, Middle, Last) HARRY	PRONG			CATE OF		2. DATE OF DEATH MONTH D		YEAR OZ 30 M				
	4. SOCIAL SECURITY NUMBER 509-07-9544	5. SEX 1 💥 M 2 🗌 F	6. AGE (In yrs. les	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Your) FEB. 7, 191	7	BIRTHPLACE Ship of Foreign Country) SAN FRANCISCO				
OR	98. FACILITY NAME (II not institution, give FREDERICK MEMORI		TAL			DERICK	ATH		Y OF DEATH DERICK				
DIRECTOR	10a, STATE 10b, COUNT  MARYLAND FRE	DERICK	<u> </u>		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 (X) NO				
FUNERAL	100. STREET AND NUMBER 14726 OLD FREDE		)	<u> </u>	101	21778			N OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AR	40	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE  If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify  Specify								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad Elementary/Secondary (0-12)		·)_ (G	ive kind of w Do NOT use	USUAL OCCUPATION OF during monopolic retired.)  OR OF HI	st of working	16b. KIND OF BU		WHITE				
ш I	17. FATHER'S NAME (First, Middle, Last)	PETER F	RONGAS	FE330	K OF HI	16. MOTHER'S NA	EDUCATION  AME (First, Middle, Meidlen Surnerne)  .ATHERINE (UNKNOWN)						
TO B	190. INFORMANT'S NAME (Type/Print) ELIZABETH PRONG	AS				nd Number or Rural I	Soute Number, City or Tow	m, State, Zip C					
	20c. METHOD OF DISPOSITION 1   Burlel 2 M Cremation 3   Removal from State 4   Donatton 5   Other (Specify)   SMITHSBURG   CREMATORIUM   12/19   SMITHSBURG   MD. 21783 21. SIGNATURE OF EXPRESS OF FACILITY   SKILES FUNERAL HOME   210. METHOD OF DISPOSITION (Name of completely crematory or other place)   Name and address of FACILITY   SKILES FUNERAL HOME   210. MAIN ST., EMMITSBURG, MD. 21727-04												
ERTIFICATION	shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO SEN	O STA (OR AS A CONSEC (OR AS A CONSEC	PAL QUENCE OF HWO	NEUR	MA	Hy		Interval Betwee				
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 1/2 NO  1 YES 1/2 NO  1 YES 2												
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1								REO				
	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												
ETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of szamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
COMPLETED	one) 2 MEDICAL EXAMIN			29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Morith, Day, Year)									
OMPLET	one) 2 MEDICAL EXAMIN	Fun		-	Print)	D-21	944	29d. DATE S	SIGNEO (Month, Day, Year)				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, ROPING DAY OF VITAL RECORDS, P.O. BOX 68760, Method of the April 10 of ITENNING DAY OF THE PROPERTY OF THE PROPERTY

the hospital or attending physician.	5 should be detached for use as the hurial-transit narmir Pages 1.2.3 should	A STOCK OF THE STO	0000
filer death. Page 6 may be retained by the hospital or a	ector, page 5 should be		viner must be notified at
leath. Page 6			xaminer m
hours after (	d completely filled in by the funeral dir	or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examine
MITHIN 54	ompletely fill	I, cremation,	event, the
e De execute	24	rior to buria	traumatic
am ceruncat	tending phys	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to I	or other
mai the de	d by the at	and Ment	ny injury,
v requires	has been signed by the	t. of Health	shows a
AN: The law	ificate has	State Dep	T item 23
G PHYSICIP	ar this cert	th with the	narked, or
AL LENDING	RECTOR: After thi	s after dea	PORTANT: If Item 28 is marked
SPITAL OH	RAL DIRE	72 hours	": If item
HUSP	FUNE FUNE	filed within	PORTANT
	16	-	Name of Street

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA CERTII	RTMENT OF H	EALTH AND		HYGIENE REG. NO.	2 (	. 3000
1. DECEDENT'S NAME (First, Middle, Las	ř.				2. DATE OF MONTH		YEAR	3. TIME OF DEATH
Mary I.ucil 4. SOCIAL SECURITY NUMBER  579-12-8798 9e. FACILITY NAME (If not institution, give	5. SEX 6. A	Philli GE (In yrs. last birthday 82 YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	7. DATE OF (Month, E)	1910	Count	vland
22025 Dickerso	n Road		Dicker	SOD		Ma	ntga	mery
Md. Mont	gomery	10c. C	Dickers					10d. INSIDE CITY LIMITS? 1 FYES 2 NO
100. STREET AND NUMBER 2025 Dickerson	Road		101	20842			CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexic 2 ND Speci	an, Puerto Rici	Specify Yes or No	- 14. BAC	E — American Indian, ik, White, atc.
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT (Give kind o life. Do NOT Bookke	'S USUAL OCCUPATION work done during mo- use retired.)	N st of working		ND OF BUSINESS	S/INDUSTRY	
1 2 17. FATHER'S NAME (First, Middle, Last)		DOOKKE	eeper	18 MOTHED'S N		ank de, Maiden Sumar	1	
Herbert Victo	r Kessler			- Allie and - Control		cca C1		
19a. INFORMANT'S NAME (Type/Print) Peggy Kaplan			IG ADDRESS (Street a	nd Number or Rural	Route Number,	City or Town, State	a, Zip Code)	20874
20s. METHOD OF DISPOSITION 1 Dispuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	20b. PLACE AND DATI	E OF DISPOSITION (Na other place)	me of	13/2/	20c. LOCATIO	N — City or To	own, State
21. SIGNATURE OF FUNERAL SERVICE I			22. NAME AN	S D ADDRESS OF FA N Fune Sville	ral H	ome		le, Md.
23. PART I. Enter the diseases, or ahock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR A	n each line.	1	dy	<u> </u>	- Touphulon,		Approximata Interval Batwe Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	S A CONSEQUENCE						
PART II. Other algnificent condition	one contributing to deat	h but not reaulting	In the underlying	ceuse given in		a. WAS AN AUTOF PERFORMEO?		D. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	heck only one)			
1 TYES 2. NO 27. MANNER OF DEATH	1 Inpatient 2 ER/0		4 - Nursing Home			Decify)	OCCUBED	
Netural 5 Pending Investigation		r) IN	M 1 Y	ES 2 NO				
3 Suicide 6 Could not be determined	building, etc. (S	pecify)	, street, factory, office		261. LOCATIO	ON (Street and Nur own, State)	mber or Rural f	Route Number,
	SICIAN: To the best of my kn							t) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFI			1	29c. LICENSE NU				(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	THO COMPLETEO CAUSE OF	OEATH (ITEM 27) (Ty	e, Print)					2111
31. DATE FILED (Month, Day, Vest) DEC 2 3 199	32 REGISTRAR'S SI	GNATURE DONNERS	-					

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the cast with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
ISION OF VITAL RECORDS, P.O. BOX 68760,	THE NG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	The After this certificate has been signed by the attending physician and completely filled in by the farme ceath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	32 30031
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	OUDMAN BAGE	Poole		2. DATE OF DEATH MONTH DAY	3 9L 1113 A M
	219-03-4702	1X M 2 □ F 7		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	48.4	a. BIRTHPLACE (State or Foreign Country Maryland
TOR	Frederick Memoria	,		city, town or location of Frederick	DEATH	sc. county of DEATN Frederick
DIRECTOR	10a. STATE 10b. COUNT	ederick		t of Rocks		10d. INSIDE CITY QLIMITS? 1 PA YES 2 NO
FUNERAL	1601 Thomas Drive			101. ZIP CODE 21.	777	10g. CITIZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISE If yea, specify Cuben, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US. (Give kind of work life. Do NOT use re Mechanic	done during most of working	Constru	ness/moustry
ed at once. BE COMPL	17. FATHER'S NAME (First, Middle, Last) William Edward	Poole			NAME (First, Middle, Melden S ry Sines	turneme)
TO E	Catherine E. Poo	le	196. MAILING AD 1601 Th	omas Drive, Po	el Route Number, City or Town, oint of Rock	Stene Zip Code) Ss, Md. 21777
er must b	29. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIN	ovel from State M co	DE PLACE AND DATE OF D	hetery Dec	. 16, 1992 F	ATION — City or Town, State Trederick, Maryland
l examin	Valland (	C. Broke	L M00021	106 East	d Basford Fu Church Stree	et, Frederick, Md.
traumatic event, the medical examiner must be notified CATION TO BE	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. En the	A CONSEDUENCE OF):	enter the mode of dying, a	uch ss cardiac or respir	atory srrest, Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с	A CONSEQUENCE OF):  A CONSEQUENCE OF):			
	resulting in death) LAST	d				
shows any : MEDIC	PART II. Other significant condition  Cerusaria	contributing to death	but not resulting in t	Liz und	in Part J. 24s. WAS AN A PERFORM	MED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 No	HOSPITAL:		26. PLACE OF DEATH ( THER: Nursing Home 5 Residence		
marked, or BY PHYS	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. DESCRIBE NOW IN	JURY OCCURED
28 Is	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streetscify)	t, factory, office	261, LOCATION (Street or City or Town, Stete)	nd Number or Rural Route Number,
MPL N				t the time, date and place, and d n my opinion, death occured at t		ner as stated.
TO BE CO!	29b, SIGNATURE AND WITH OF CENTIFIE	Alipan 1	1		UMBER	29d. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHITE AND ADDRESS OF PERSON (W. )  31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	1475	"tany a	y Jos	level my
	DEC16	1992 Julia D	avidson-Janua	B2 /	,	

The grant of the second of the 

31. DATE FILED (Month, Day, Year)
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32. REGISTRAR'S SIGNATURE

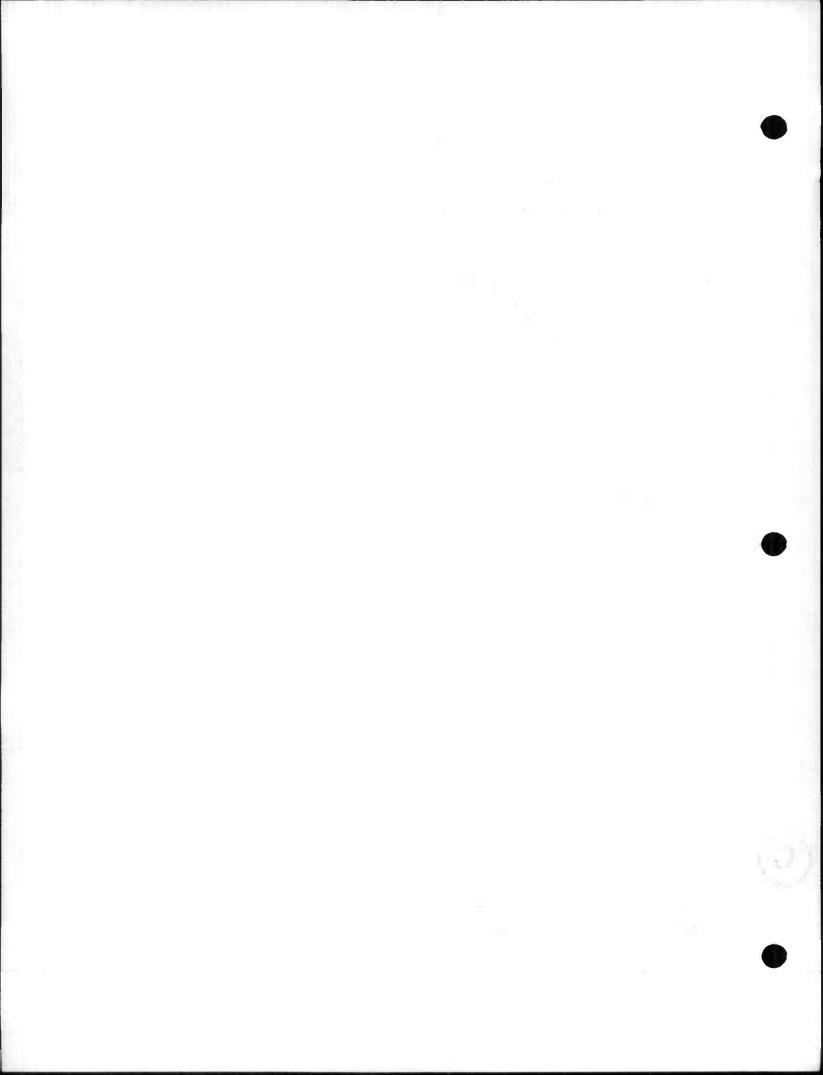
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TO THE NAME IN STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE NURSAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filled within 72 hours after deathed for use as the burial-transit permit. Pages 1 be filled within 72 in 16m 22 shows any fillury, or other traumatic event, the medical examinar must be notified at ence.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 12 JR. JAMES В. PAYTON. 13 10:40 a.m 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 29 (Month, Day, Year) 8/21/1963 1 XM 2 | F 231-17-4046 MD. 9a. FACILITY NAME (If not institution, give street and number) Frederick 9b. CITY, TOWN OR LOCATION OF DEATH Frederick Memorial Hospital Frederick DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick Frederick 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 71P CODE 10g. CITIZEN OF WHAT COUNTRY? 1200 Ardmore Court 21702 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO Specify spoom: white B 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 12 Computer operator Kodalyx 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) James B. Payton, Sr. Shirley Straughn BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Todd Gossert 1200 Ardmore Ct., Apt. 2C, Frederick, Md. 21702 20a. METHOD OF DISPOSITION
1 Durial 2 Commetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Smuthsburg Crematory

Smuthsburg Crematory Smithsburg, Md. 12/14/92 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
STAUFFER FUNERAL HOME, P.O. BOX 1819 la enner Frederick. Md. 21702 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final **Onset and Death** ACQUIRED IMMUNOBEFICIENCY SYNDROME disease or condition resulting in death) YEARS DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF) resulting in death) LAST PART il. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? MYCOGACTERIUM AVIUM INTRACELLULARE 1 - YES 2 NO OF DEATH? CYTOMEGALOVIRUS RETINITIS. 1 TES 2 NO WASTING SYNDROME. SYSTEMIC HERPES SIMPLEX. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1) Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check ank (Check 2 MEDICAL EXAMINER: On the besiz of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER

0 3/76/ 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) Connot MD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MA 501 W. SEVENTH ST. FREDERICK MO 21701 BRIAN M. O'GNNOR



## BALTIMORE, MARYLAND 21215-0020

VISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPIACE AS INDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNE WE DON'S After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 to the most with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If the 2 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. NENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

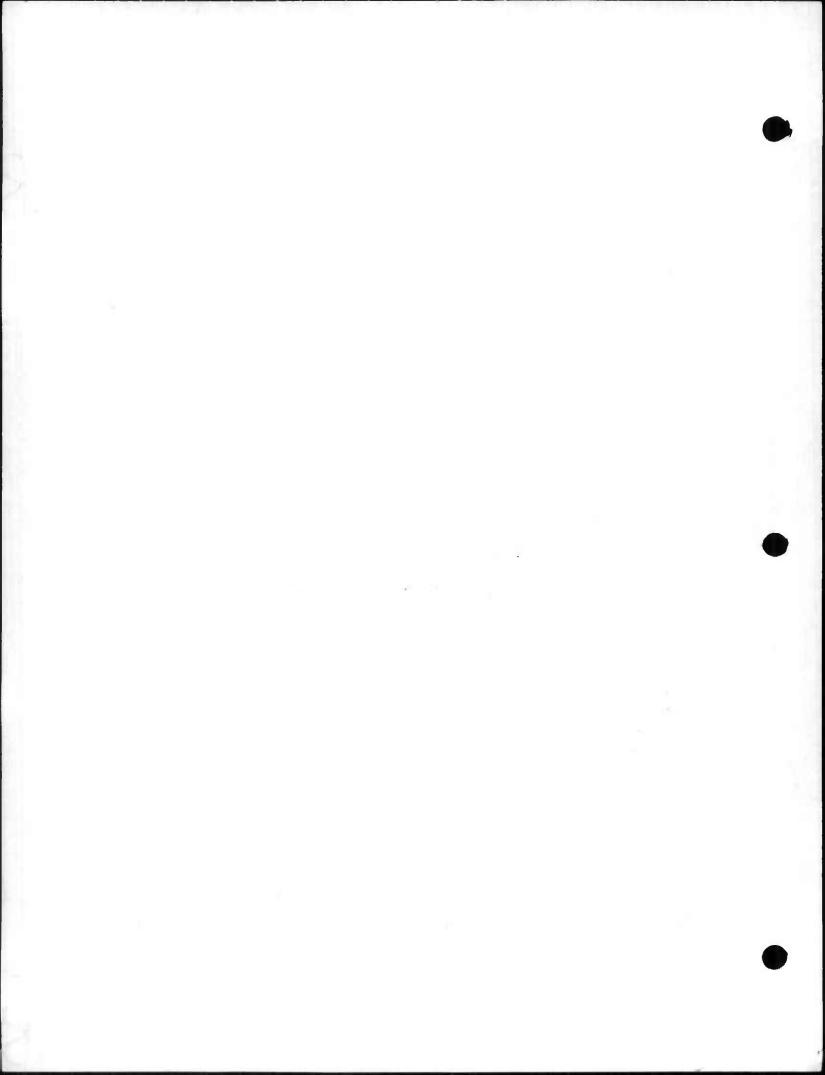
	REGISTRAR		CERTIF	ICATE O	F DEATH	R	EG. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)	0				2. DATE OF I	DAY	YEAR	3. TIME OF DEATH
		I. CORNEL				12-	31	92	2:55 F
SHIP OF THE	4. SOCIAL SECURITY NUMBER 215 20 7138	1 ₹ M 2 ☐ F	GE (In yrs. lest birthday) 94 YRS.	MONTHS DAYS	HOURS MIN.		19/189	8 W	V
DIRECTOR	9a. FACILITY NAME (If not institution, give st  FROSTBURG VILL) RESIDENCE OF DECEDENT		NG HOME		OSTBURG	EATH	9c. C	ALL]	EGANY
<u> </u>	10e. STATE 10b. COUNTY			Y, TOWN OR LOC	ATION				10d. INSIDE CITY
	MARYLAND AI	LEGANY		FROSTE	URG		l m	OUTSTEN OF	LIMITS?  XYES 2 NO WHAT COUNTRY?
LONEDAL	98 CHESTNU	r street			215			U.S	
0	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1   Y IF YES, GIVE WAR OF	ES 2 TWO	If yee,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Specif	en, Puerto Ricar	pecify Yea or No- i, etc.)	14. RAC Blac Spec	E — American Indian, k, White, atc.
1 20	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPA work done during i se retired.)	TION most of working	16b. KIN	D OF BUSINESS	INDUSTRY	
COMPLE	6	College (1-4 or 5+)	46.00	R-OPEF	RATOR		BLACKS		SHOP
	17. FATHER'S NAME (First, Middle, Last)	OT DIT			18. MOTHER'S NA				
	JOHN RAND  190. INFORMANT'S NAME (Type/Print)	OLPH	[and some				ALLOWA		
2					t and Number or Rural				2.0
	DANIEL BALL				E. CUM				
	20e METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		20b. PLACE AND DATE cemetery, cremetory or d FROSTBUR	ther place!		1/3	FROST		MD 2153
	21. SIGNATURE OF FUNERAL SERVICE LIE	Sm Sa	VISCA /	/	AND ADDRESS OF FA	WERS I	FUNERA	L HO	ME, P.A. MD 2153
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR A	IS A CONSEQUENCE O	F):	1110				
	PART II. Other stanificent conditions  AND NAC	s contributing to deet	uctive	in the underlying	Vi Sen	10	. WAS AN AUTOP: PERFORMED? YES 2 NO	SY 246	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
3	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (CA	neck only one)			
5	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/C	Outpatient 3 DOA	OTHER:	me 5 - Residence	8 D Other (So	ecify)		
I FRISICIAIN.	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJUR (Month, Day, Yea		IE OF 28c. II	IJURY AT YORK?		E HOW INJURY	DCCURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	26s. PLACE OF INJU building, stc. (S	JRY — At home, farm, Specify)	atreet, fectory, of	Ice	281. LOCATION City or To	N (Street and Num wn, State)	ber or Rural i	Route Number,
COMPLE		CIAN: To the best of my kr							s) and manner as stated.
0 00	294. SONATHINE AND TITLE OF CERTIFIES	flow	Km	0	29c, LICENSE NUI	957	29d. (	SIGNED AND SIGNED	(Month, Dey, Year)
	THE HAME AND ADMINESS OF PERSON WHY	DHI MP.	HTAK	N TEA	MACE,	MRO	STBUK	8/14	1021532
	JAN 0 4 1993	REGISTRAR'S	IGNATURE .					,	

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FROSTBURG MEM, PARK 1/3 FROSTBURG, MD 21532 SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532

RECORDS, P.O. B	requires that the death certificate
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_		/ DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  Lewis Meredith  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In viz.	ROPP	2. DATE OF DEATH MONTH December 15,1	992 9:05p
9	217-18-8307 1™ 2□F 68	YRS. MONTHS DAYS HOURS MIN.	Nov. 1, 1924	e. BIRTHPLACE (State or Foreign Country) Maryland
. 2, 3 should	Ba. FACILITY NAME (If not institution, give street and number)  Frederick Memorial Hospital  RESIDENCE OF DECEDENT	96. CITY, TOWN OR LOCATION OF D Frederick		rederick
L. Pages 1, 2, 3 DIRECTOR	10a. STATE 10b. COUNTY Maryland Frederick	10c. CITY, TOWN OR LOCATION  Mount Airy		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ysician. unla-transit permit.	100. STREET AND NUMBER 4101 Baltimore National Pike	101. ZIP CODE 21771		ZEN OF WHAT COUNTRY? U.S.A.
BY the by	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 X Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 Y VES 2 IF VES, GIVE WAR OR DATES.  10/7/1942-1/7			14. RACE — American Indian, Black, Whits, etc. Specify: White
a 2	(Specify only highest grade completed)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Contractor	186. KIND OF BUSINESS/IND	
should be detached to stiffled at once.  O BE COMPLI	17. FATHER'S NAME (First, Middle, Leat)  Lewis Henry Ropp	Mollie	AME (First, Middle, Maiden Surname) Elzora	Wadford
2 0 2 -	Mrs. Kathy L. Harrison	196. MAILING ADDRESS (Street and Number or Rural 8372 Revelation Avenu		
e 6 ma ector, p	1 Burial 2 Cremation 3 Removal from State Cemetery, c	EAND DATE OF DISPOSITION (Name of crematory or other place)    Description   Common   Common		erick, Maryland
The management is law requires that the obsain certificate be executed within 24 hours and death. Paging the management has been signed by the attending physician and completely filled in by the funeral differences. It is managed to the theorem the following any injury, or other traumatic event, the medical examiner ED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death but not the conditions contrib	death. Do not anter the mode of dying, such the control of the con	Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
TO THE HISPITAL ON AN TERM TO THE HISPITAL DIRECTOR.  TO THE FUNERAL DIRECTOR.  TO THE FUNERAL DIRECTOR.  TO BE COMPLETED	29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/o		e time, data and place, and due to the	
IMMI TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (IT  John J. Gritish N. 14  31. DATE FILED (Month, Day, Year)  DEC 1 8 1992  June 1 1992  June 1 1992  June 1 1992	75 Taney Ave, 5	vote 204, Fre	2/16/42 Denick M.
	DEC 1 8 1992 June muricon-1	Randalle		



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VOF VITAL RECORDS, P.O. BOX 68760,	
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OF	Section of the last
/ISION	the same of the last of the last of the last
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RE COSPITAL OR ATENCE HEAVINEFAL DIRECTOR SE WITHIN 72 hours after ORTANT: If them 28 is	MEMYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	Admit this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
P. After or death is man	SICIAN: The	certificate h.	I the State L	1, or item
RE EOSPIAL OR ATTER HEALWESAL DIRECTOR ES within 72 hours after ORTANT: If Hem 28		After this	death with	is marked
HE HOSPITAL HE WITHIN 72 ORTANT: II	OH ATTEN	DIRECTOR	hours after	Item 28
	E DSPITAL	HE LINERAL	SE WITHIN 72	DRIANT: II

		CERT			DEATH	MENTAL HYGIEN REG. NO		26	3804
1. DECEDENT'S NAME (First, Middle, Last)	7.1.0.					2. DATE OF DEATH	AY		3. TIME OF DEATH
James Archiba						Dec 25	3, 19	92	4:00 a*
4. SOCIAL SECURITY NUMBER 143-01-2959	1 📉 M 2 🗆 F	(In yrs. last birthds	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/26/11		8. BIRTHP Country	N.J.
90. FACILITY NAME (If not institution, give s 10704 Haynesvi					tertow:		9c. COUN	Ke:	
MD Ke	ent	10c. (	Ches	or Location					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10a. STREET AND NUMBER		•			ZIP CODE		10g. CITIZ	EN OF WI	HAT COUNTRY?
10704 Haynesv					21620			SA	
11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED  S 27 NO  DATES		If yes, spec	NDENT OF HISPA city Cuben, Mexic Z XNO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	e or No—	14. RACE Black, Specify	- American Indian, White, atc. White
15. DECEDENT'S EDUC (Specify only highest grade	CATION Composited	16a. DECEDENT	T'S USUAL C	OCCUPATION	1	16b. KIND OF BU	SINESS/IND	USTRY	WILLE
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NO	of work done T use retired.)	during most	or working				
	5+	Cher	nical		gineer	Exxor		por	ation
17. FATHER'S NAME (First, Middle, Last)  David Ross Si	mngon					AME (First, Middle, Meiden			
19a, INFORMANT'S NAME (Type/Print)	IIIpson	105 MAIL	INC ADDRES	O /Otmot on		Amelia I			
Mary M. Nuzzi						Chesterto			21620
20a. METHOD OF DISPOSITION  1 Strict: 2 Cremation 3 Remarks A Donation 5 Other (Specify)	oval from State 20	ometery, crematory of	or other place	SITION (Name)	ery 12	OATE 20c. LO	hest	aty or Tow	n, State
21. SIGNATURE OF FUNERAL SERVICE LIC	Fellow		22. F	Tello	OWS-We	lls Funer	al H	ome	01/00
23. PART i. Enter the diseasea, or o ahock, or heart failure.	complications that cause	ed the deeth. De	o not ante	r tha mod	e of dying, auc	h aa cardisc or reap	iratory arre	est,	Approximats
iMMEDIATE CAUSE (Finst disease or condition resulting in death)	Cerc	brovas	cular	a a	ce d	ent			Onset and Dest
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	eno V	tic	Cerdi	stosculi	Di	sline	9
PART II. Other significant condition	s contributing to dasth	but not resultin	g in the u	nderlying	csuse given in	Part 1. 24a. WAS AN			WERE AUTOPSY FINDINGS
- KADA						1 □ YES 2	1		COMPLETION OF CAUSE OF OEATH?
TH57									
7,00				26. PLA	CE OF DEATH (CA	eck only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	- 4				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES  NO	1 Inpetient 2 I ER/Out		4 🗆 Nur	raing Home		6 Other (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28b. T		28c. INJUI WOR	RY AT	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCC	URED	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES NO  27. MANNER OF DEATH  Netural 5 Pending	1 Inputient 2 I ER/Out 28e. DATE OF INJURY	26b. T	4 □ Nur TIME OF INJURY	28c. INJUI WOR 1 YE	RY AT K?		and Number o		ute Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES NO  27. MANNER OF DEATH    Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only	1   Inpetient 2   ER/Out 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJUR	Y — At home, farn	4 Num IME OF INJURY M In, street, fac	zer, INJUI WOR 1 VE	RY AT K? S 2 NO	281. LOCATION (Street City or Town, State)	and Number o	or Flural Ro	

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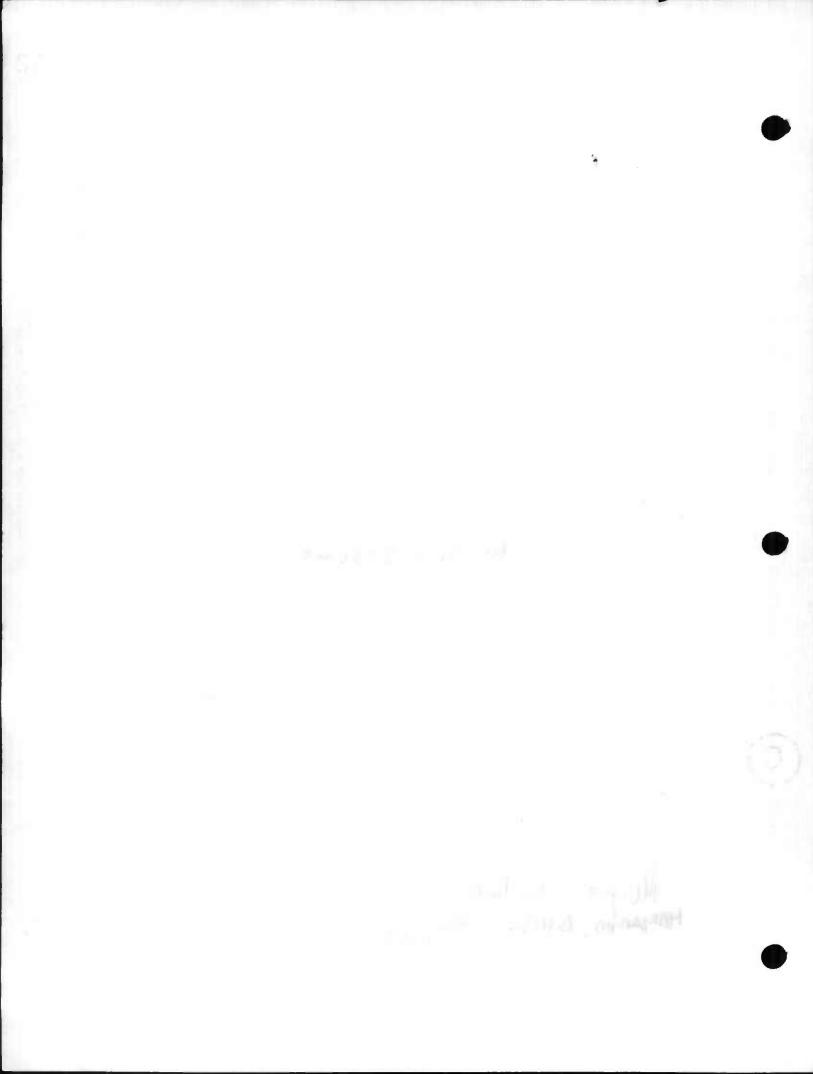
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

132. REGISTRAR'S SIGNATURE

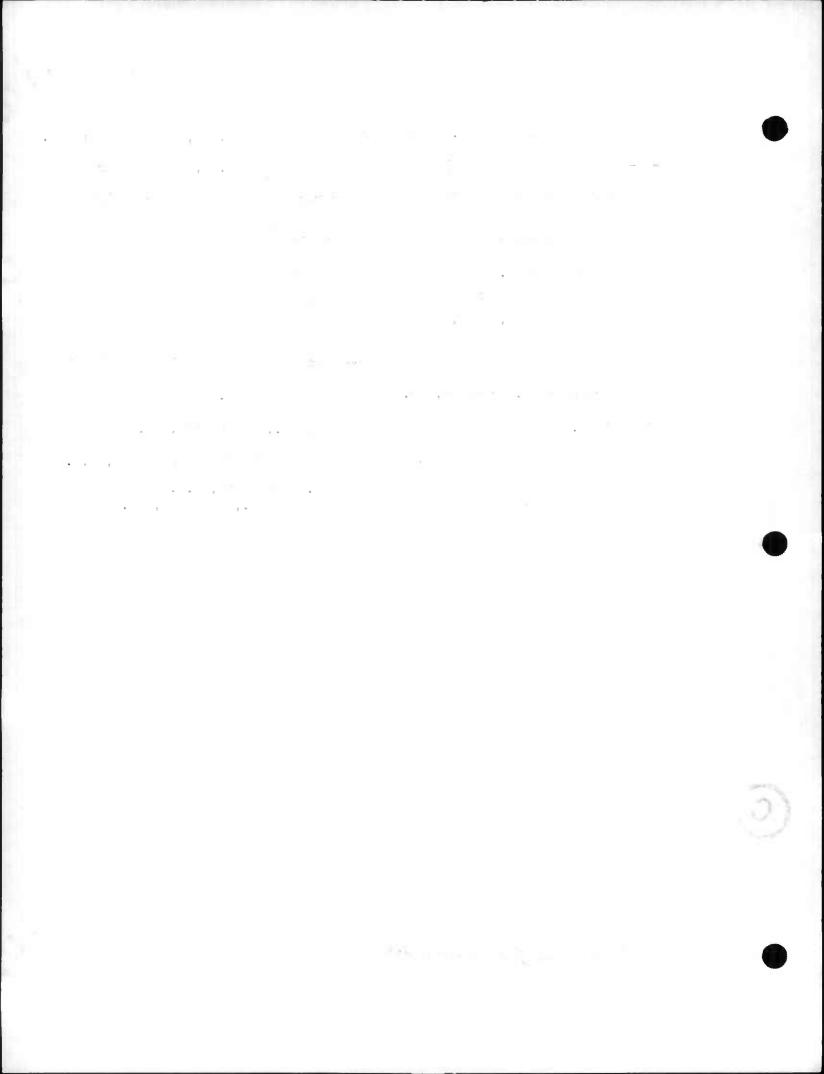
31. DATE FILED (Morith, Day, Year)
DEC 29 '92

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	1 - FOR STATE REGISTRAR	OT MAINTEAN	CERTIFI	CATE OF	DEATH		REG. NO.			
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3. TIME	OF DEATH
	GARY WAYNE			SCH	ISLER	1 2	1.2			: 45
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in y	rrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O		1.8	IRTHPLACE (S	
4	215-06-5386 1XM2	□ F 25	YRS.	MONTHS DAYS	HOURS MIN.		8 - 67		ountry) ULULAN	d
	Se. FACILITY NAME (If not institution, give street and number	ber)		96. CITY, TOWN O	R LOCATION OF D		3 07	9c. COUNTY		.u
8				WESTM	INSTER			CARRO	DLL	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY									
	The second secon		10c. CITY,	TOWN OR LOCATI	ION					IOE CITY
	Maryland Carroll	·	Neu	v Windso.						8 2 N
FUNERAL	10s. STREET AND NUMBER			101.	ZIP CODE			10g. CITIZEN	OF WHAT COU	JNTRY?
핃	2546 Marston Rd.				21776				SA	
5	11. MARITAL STATUS  1 X Never Married 2 Married FORCES	CEDENT EVER IN U.	S, ARMEO 2 NO		ENDENT OF HISPAI city Cuban, Mexica			or No- 14.	RACE — Ameri Black, White, e	ican Indian Hc.
`	3 Widowed 4 Divorced	GIVE WAR OR DATE	S		2 NO Specif		- '-		spectruhi	te
9	15. DECEDENT'S EDUCATION	16	M. DECEDENT'S I	JSUAL OCCUPATIO	M	100	VIND OF BUILD	INESS/INDUST	w	
E I	(Specify only highest grade completed)		(Give kind of we	ork done durina mos	st of working	100.	MINU OF BUS	MESS/INDUST	47	
7	Elementary/Secondary (0-12) College (1-	4 OF 5+)	Constru	intion						
COMPL	17. FATHER'S NAME (First, Middle, Last)		COINNE	inon	18. MOTHER'S NA	MF (First 44	ride Maiden	Comemo		
U U	Carroll L. Schisler			H			ukkma			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar			0.0		.)	
2	Mrs. Judy L. Schisler	L		Marston					,	
	20a. METHOD OF DISPOSITION			F DISPOSITION (Nat		DATE		ATION — City		
	1 X Burial 2 Cremation 3 Removal from St. 4 Donation 5 Other (Specify)	cemeter D o 4	ry, cremetory or oth	Memoria	P Cardon	1 10	17 00	Tuod	o to i a la	110
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSET	- I Kes	nuven	22. NAME AN	D ADDRESS OF FA	CHUTTY	117-92	rnea	ouck,	MU
- J	10	/	1	ctaul	Int to	1	1	D A		
	C DEMENDEN LA				ber Fune					
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Final disease or condition	ne ceuse on each	n iine.	P.O. 1	Box 1819	, Fre	deric	k. MD :	Ap	ervai Bet
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	HE TO (OR AS A CO	ONSEQUENCE OF	P.O. I	Box 1819	, Fre	deric	k. MD :	Ap	ervai Bet
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		REGISTRAR		CERTIF	ICATE C	OF DEATH		REG. NO.			
	18	1. DECEDENT'S NAME (First, Middle, Last)	7 22 7 7 2 A	0-1-4			2. DATE OF MONTH	DAY	YEAR 3.	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	William A.				Dec.			11:45 P. w	
Pir	8	213-40-8402	D(□ M 2 □ F 9	(In yrs. lest birthday)  YRS.	MONTHS DA	YS HOURS MIN.	7. DATE OF (Month, I Mar.	16, 1899	Country)	ACE (State or Foreign rginia	
3 should	Œ	9a. FACILITY NAME (If not institution, give a  Frederick Me	emorial Hospi	t.al		on location of Dielectrick	EATH		ederi	TH	
5,	DIRECTOR	RESIDENCE OF DECEDENT			110	act ton		- 1	COCIA	OK .	
Pages	IR	Monary and		10c. CIT	TY, TOWN OR LO					od. INSIDE CITY LIMITS?	
permit. Pages		Maryland Fr	rederick		Mou	nt Airy		I san CIT	YES 2 NO		
ian. transit	FUNERAL	12802 Rought				21771			10g, CITIZEN OF WHAT		
	B	1 Never Married 2 Married  \$CXWidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 12 YES IF YES, GIVE WAR OR DO WWW 1, WW 2.	ATES	If yes	DECENDENT OF HISPAI I, apacity Cuban, Maxica YES 2 NO Specif	in, Puerto Ric	Specify Yes or No— an, etc.)	Black, V Specify:	- American Indian, White, etc.	
215 attend use as	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, DECEDENT'S	USUAL OCCUP	PATION g most of working	16b. K	IND OF BUSINESS/IN	DUSTRY		
YLAND 21 by the hospital or be detached for u at once.	Ē	Elementary/Secondary (0-12)	College (1-4 or 5 +)	IMB. DO NOT U	nforce			Police	Donom	tmont	
	COMPL	17. FATHER'S NAME (First, Middle, Last)		TIGW I	anorce		ME (First Mid	dle, Maiden Sumame)	Depar	cheric	
	ш	Frederic	k E. Schotte	er, Sr.				Hands			
MAR retained 5 should	TO B	19a. INFORMANT'S NAME (Type/Print)				eet end Number or Rural					
	-	Elizabeth A. Wo				hton Dr.,	Mount				
Ctor, ctor,		20s. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b	PLACE AND DATE Petery, crematory or o	of disposition ther place) CeK Ce	metery 12	DATE /21/92	Washin			
BALTIM after death. Page by the funeral dire moval.	8	21. SIGNATURE OF FUNERAL SERVICE LIC		,	22. NAM	E AND ADDRESS OF FA	CILITY	-			
BALT er death. the funera wal.		Illin I	Molesu	ath		n L. Mole: Ol Ridge I		*	Md. 2	0872	
executed within 24 nours after and completely filled in by the oburial, cremation, or removantic event, the medical		IMMEDIATE CAUSE (Fine)	a. C. H. F	d the death. Do each line.		mode of dying, suc	h as cardia	c or respiratory an	reat,	Approximata interval Between Onset and Death	
Tage of	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):						
P.O. Both certificate tending physical Hygiene properties or other t	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						
RDS, at the deal by the att and Menta y Injury,	- 11	PART II. Other significant condition	s contributing to death b	out not resulting	in the under	ying ceuse given in	Part I. 2	4e. WAS AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
	EDICAL	- Kenal to	relare.					PERFORMED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE	
L RECO law requires that as been signed bept, of Health of 23 shows an	ME	- Cancer Pr	USCOL							F DEATH?	
AL RE he law requ has been b Dept. of in	ä	- themea									
4 9 4 -	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	B. PLACE OF DEATH (Ch	eck only one)				
SICIAN: The certificate to the State	HYS	1  YES 2 NO	1 Inpetient 2 ER/Outp	26b. Till		Home 5 Residence		Specify) RIBE HOW INJURY OC	CURED		
marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	JURY M 1	WORK?	Lou. DE Jo	IDE NOW INSORT OO	CONED		
	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, cify)	street, factory,	office	28f. LOCATE City or	ON (Street end Number Town, State)	or Rural Rout	te Number,	
HOSPITAL FEUNERAL DE WITHIN 72 MITHIN 72 MITHIN 72 MITHIN 74 MITHIN 14 MITHIN 14 MITHIN 15 MITHI	COMPL		CIAN: To the best of my knowler. On the basic of examination							nd menner es stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIED	9			29c, LICENSE NUI	MBER 752	29d. DAT	E SIGNED (M	forth, Day, Year)	
F F & S	2	30. NAME AND ADDITES OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	TULO			E. FR	ED8	BICK Nd	
		31. DATE FILED (Month, Day, Year) DECX 1 199	32. REGISTRAR'S SIGN.			3 - 41				- / . 7	
		DE0 - 133	The farmer las	0, / 10							



3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760. OR ATTENDING PHYSICIAN; The law requires that the death certificate be

2. DATE OF DEATH MONTH P Willard Maxwell Toulson Dec. 1992 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 06-24-08 8. BIRTNPLACE (State or Foreign 1 X M 2 F DAYS HOURS 214-12-5829 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH The Kent & Queen Anne's Hospital DIRECTOR Inc Chestertown, Kent ton. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Kent 1 YES 2 NO Rock Hall FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit U.S.A. Kent 21661 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 140 IF YES, GIVE WAR OR DATES tt. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE -- American indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED t6a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Forklift 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5 +) Vita Food -6--0Operator 17. FATHER'S NAME (First, Middle, Last) ts. MOTNER'S NAME (First, Middle, Malden Surname) 76 Willard Simon Hallie Toulson filled in by the funeral director, page 5 should on, or removal, notified tea. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Linda Wachowig Bayside Avenue, Rock Hall Maryland 20a. METNOD OF DISPOSITION
1 X Burlal 2 Cremetion 3 Re
4 Donation 5 Communication 3 Re examiner must be 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Johns Cemetery 12-21-92 Donation 6 - Other (Specify). Rock Hall 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Fellows - Wells Funeral Home William L. Rock Hall Maryland 2.0 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart failure. List only one cause on each tipe. Approximeta Interval Between IMMEDIATE CAUSE (Final Onset and Death signed by the attending physician and completely fille Health and Mental Hygiene prior to burial, cremation, event, the disease or condition resulting in death) hujocardia Woul executed within other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS dissate any Grebrouzscular AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? I YES 2 -NO has been s Dept. of H t 🗌 YES 2 🗌 NO 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) this certificate h with the State ( HOSPITAL:
1 | Inpetient 2 | ENOutpetient 3 | DOA 1 YES 2 70 OTHER: 4 🗆 Nu ng Home 5 - Rasidence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE NOW INJURY OCCURED marked. t Natural 5 Pending DIRECTOR; After the hours after death v t YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide -261. LOCATION (Street and Number or Flural Floute Number, City or Town: State) COMPLETED 6 Could not be 28 4 Homicide item 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL I be filed within 72 h IMPORTANT, If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Ex Zun arm D0064 12816192 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF GEATN (ITEM 27) (Type, Print) G. BAUMANN CHESTORTOWN, 32. REGISTRAPIS SIGNATURE
Julia Davidson-Randall JEC 28 '92

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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a fill stocker. The law requires that the death centilicate be executed within 24 hours after bedding physically of retained by the hospital of attending physical controllers.	as	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I or item 23 shows any injury, or other traumatic event, the medical examiner must be positived at once
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	FOR STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT				MENTA	AL HYGIEI		92	2 38045
- 3	1. DECEDENT'S NAME (First, Middle, Les	*							2. DATE	E OF DEATH		YEAR	3. TIME OF DEATH
	JOAN WYATT	WINTER 5. SEX									199		10a м
	514-26-1847	1 M 2 VF	The state of the s			1 YEAR DAYS	HOURS	R 24 HRS. MIN.	(Mon	th, Day, Year)	102	Count	
	9a. FACILITY NAME (If not institution, giv	21		60 YRS. FEB. 14,1932							KANSAS		
OR	AT HOME				100		ERT		QUEEN				
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COU	NTY		10c CIT	Y, TOWN (	OR LOCAT	TON!						
BY FUNERAL DIRECTOR	MARYLAND OUR	EEN ANNE	S		HEST			1					10d. INSIDE CITY LIMITS?  1 YES 2 NO
	10e. STREET AND NUMBER	3231 1111112			TIDDI		ZIP COD		-		10g. CIT	ZEN OF V	WHAT COUNTRY?
	RT. 4 BOX	147 RIV	ER RD.				2162	20				US	A
	11. MARITAL STATUS 1  Never Married 2 Married 3  Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR	MED IO		if yes, spi	elfy Cubi	OF HISPAI an, Mexica Specify	in, Puerto	N? (Specify Ye Rican, etc.)	s or No—	14. RACE Black Speci	E — American Indian, k, White, etc.
ED	15. DECEDENT'S El (Specify only highest gra	DUCATION ide completed)	16e. DE	CEOENT'S	USUAL O	CCUPATIO	N et of worki	ing.	164	b. KIND OF BU	ISINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done se retired.)		RIAI	V			BRAR	Y	
	17. FATHER'S NAME (First, Middle, Last)  JOSEPH LOU	TC LIVATT	,							Middle, Melder	,		
BE	19a. INFORMANT'S NAME (Type/Print)	13 WIAII		. MAILING	ADDRESS	(Street a				E. H		Codel	
10	DAVID HALEY WINTER  RT. 4 BOX 147 RIVER RD. CHESTERTOWN,  200. METHOD OF DISPOSITION  200. PLACE AND DATE OF DISPOSITION PROPERTY TOWN SHAPE  200. DATE OF TOWN SHAPE  200.												
	20s. METHOD OF DISPOSITION  1 Duriel 2 M Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cample are, cremation; of cample are cample a												
	21. SIGNATURE OF UNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  FELLOWS—WELLS FUNERAL HOME  413 HIGH ST. CHESTERTOWN, MD												
7	23. PART I. Enter the diseases, o shock, or heert failure immediate CAUSE (Final disease or condition resulting in death)	a. List only one ce	the coused the deuse on each line  UNG  (OR AS A CONSEC	CA	NC	the mo	de of dy	ing, auc	h aa cen	diec or rasp	iratory arr	rest,	Approximate interval Between Onset and Dasth
ERTIFICATION													
MEDICAL C	d												WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 27 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER	<b>t</b> :		EATH (Ch					
ву РНУ	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L	INJURY	28b. TIM	- Y	4 Nursing Home 5 Residence E OF 28c, INJURY AT				6 Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not b 4 Homicide determined	28a. PLACE C building,	LACE OF INJURY — At home, farm, atreet, factory, office  28f. LOCATION (Street and Number City or Town, State)							and Number	or Rural R	loute Number,	
COMPLETED	one) 2 MEDICAL EXAMI												) and manner as stated.
TO BE	29c. LICENSE NUMBER  29d. DATE SIGNED, (Month, Dev. Yee  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Yee, Print)											(Month, Dev. Year) 12 9 Z	

3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)	office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	N: To the best of my knowledge, death occurred at the time, On the basis of examination and/or investigation, in my opinion									
296. SIGNATORE AND TITLE OF CENTIFIER		29c. LICENSE NO	MBER OH8	29d. DATE SIGNED, (Month, Day, Year)  12/12/97						
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
E. Ciganeck	, Medical Bldg, Chest	ertown,	MD 2162	.0						
DEC 28 '92	32. REGISTRAR'S SIGNATURE Julia Savidson-Randell									

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BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

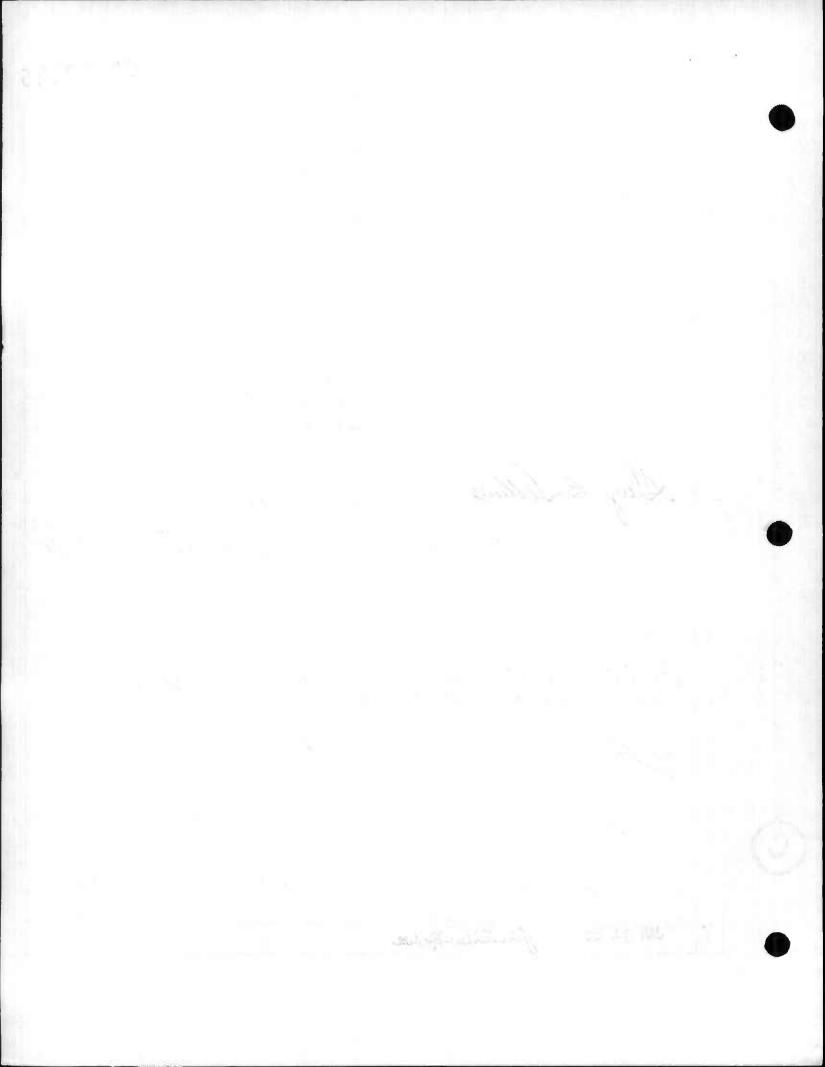
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examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
To the state of th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use as the	TO THE FLOW OF CHARGOLDS: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
r death. Page 6 may be retained by the hospital or attending	TO THE WIDSTAN A MITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending

												92	2001
	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	DEAT	AND I	MENTAL HYGIE REG. N		36	38046
	1. DECEDENT'S NAME (First, Mile	iddle, Last)								2. DATE OF DEATH		3	3. TIME OF DEATH
	Josephine	Wehn	1							Dec 3:	DAY 1	992	1:15a w
	4. SOCIAL SECURITY NUMBER	5. SEX	SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.						7. DATE OF BIRTH			LACE (State or Foreign	
	154-24-4666	;	1 M 2 KF	88	S S YRS. MONTHS DAYS HOURS MIN.				MIN.	(Month, Day, Year) Country)			PA
- 3	9a. FACILITY NAME (If not institu		eet and number)			9b. CITY	r, TOWN C	PR LOCATIO	ON OF DE			INTY OF DEA	
TOR	9190 N. Bay	Ave (	at home	e)	Ch	este	erto	wn		Kent			
DIRECTOR	-	b. COUNTY		10c. CITY, TOWN OR LOCATION  Chestertown									IOd. INSIDE CITY LIMITS?
	MD 104. STREET AND NUMBER	Ke	nt		Cn	est	_	. ZIP CODE					YES 2 NO
A	Cherry Trees Block and Cherry						101			0			IAT COUNTRY?
밀	9190 N. Ba	yvie			21620							USA	
BY FUNERAL	1 Never Married 2 Mail 3 Wildowed 4 Divorces	FORCES? 1	IT EVER IN U.S. AR	NO		If yes, sp	ENDENT O	n, Mexica	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yea or No-	14. RACE - Black, Specify:	- American Indian, White, etc.	
	15, DECEDE	ENT'S EDUC	ATION	16a, D6	CEDENT'S	IISHAL O	CCUPATIO	M		16b. KIND OF I	MICINEED IN	DUCTOV	WILLEC
COMPLETED	(Specify only hig Elementary/Secondary (0-12)		College (1-4 or 5	+) (G	ilve kind of . Do NOT u	work done se retired.)	during mo	st of workin	g				
₹	12			B	ookk	eep	er			Ameri	ean F	rien	ds Societ
8	17. FATHER'S NAME (First, Middle	e, Last)						18. MOTH	ER'S NA	ME (First, Middle, Meid	en Sumame)		
BE	Robert Cha	mber	S					Ma	ry :	Derrig			
2	19a. INFORMANT'S NAME (Type	(Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Route Number, City or 1	own, State, Zij	Code)	
F	19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Lorraine Taylor  Chestertown, MD 21620												
	20a. METHOD OF DISPOSITION  20b. PLACEAND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State												
	St. Paul's Cemetery 1/2/92 Chestertown, MD												
	21. SIGNATURE OF FUNERAL SI	ERVICE LICE	NSEE /	100.	Luul			D ADDRES			icacc	LCOW	11,110
	Lary	B.	1 llow	)-s						ls Funer			21620
	23. PART i. Enter he disea	asea, or co	omplications the	t coused the de	eth. Do	not enter	the mo	de of dyi	ng. suci	h as cardiac or rea	piratory an	rest.	Approximata
	interval Between iMMEDIATE CAUSE (Final disease or condition CO No. 1												
	resulting in death)	OUENCE O	f):	7	10	2	MU	KYZ	1/1	13/1			
Z												/	
CERTIFICATION	Sequentially list conditions if any, leading to immediat		DUE TO	(OR AS A CONSE	OUENCE O	F):	-						
S	cause. Enter UNDERLYING CAUSE (Disease or injury												
E	that initiated events		DUE TO	(OR AS A CONSE	OUENCE O	F):							
8	resulting in death) LAST	d											
- II	PART In Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL	12-10 kin		Z i	death but not i	2	in thii ui			liven in		ORMED?	/ A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă	C)	ICCE	ro no	near		ai	Sea	JR		1 YES	2 1700		OMPLETION OF CAUSE OF DEATH?
	Chronic	OL	5 Nuc	. 64	1/n	1	130	14				1	YES 2 NO
PHYSICIAN:													
S	25. WAS CASE REFERRED TO ME EXAMINER?	-						ACE OF O	EATH (Che	ock only one)			
S	1 WES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nur		5 1 Ra	sidence	8 Other (Specify)			
=	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIN	IE OF	28c. INJ			28d. DESCRIBE HOY	V INJURY OC	CURED	
BY	1 Antitural 5 Pen	ding etigetion	(Montal, D	ay, rowr)	100	M		RK?	NO				
	2 Accident Inve		28s. PLACE C	F INJURY — At ho	me, farm,	street, fact	tory, office			28f. LOCATION (Street	et and Number	or Rural Ros	ite Number,
COMPLETED		rmined	building,	etc. (Specify)						City or Town, Sta			
W I	29a. CERTIFIER	MIC DUNGIO	40 To 6 A 4 4			- 1/2							
MP	(Check only									to the cause(s) and n			
8			. On the death of a	10/bns normanimum	investigatio	ят, in my c	opinion, de	ath occur	ed at the	Time, data and place,	and due to th	ie cause(a) a	and menner as stated.
ш	296. SIGNATURE AND TITLE OF	CERTIFIER	6					29c. LICE	NSE NUN	IBER	29d. DAT	E SIGNED (A	Aofth, Day, Year)
80	60/1	/	ens	ann	m	10		11	69	193	1	141	143
2	30. NAME AND ADDRESS OF PE	RSON WHO	COMPLETED CAU	SE OF OEATH (ITE	M 27) (Type	, Print)		-				/	

32 AEGISTRAR'S SIGNATURE
Juna Davidson-Randale

31. DATE THAT (Morith, Day, Year)

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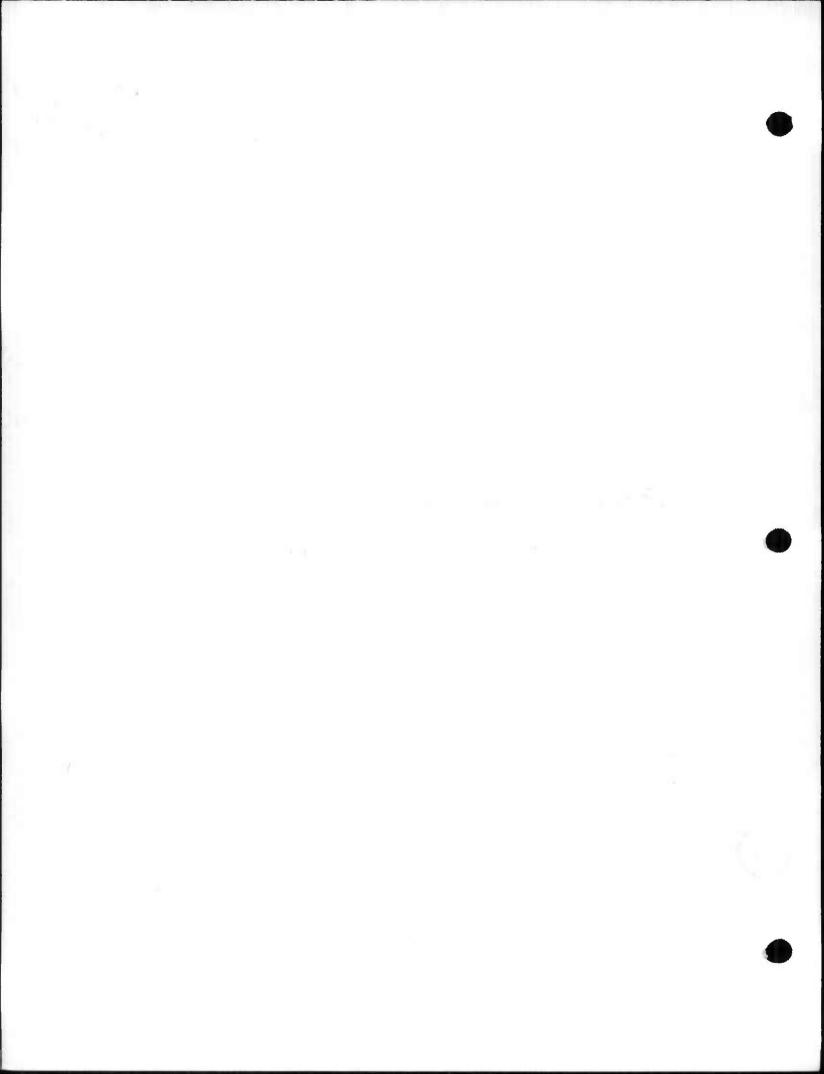


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TIME DIFFACTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hospit	THE CHINE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		I marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
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death. F	funeral		examin
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Suns	lin b	Je re	ned
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within	npletely	The first miter death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	vent.
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DEC 2 1 1992

32 REGISTRAR'S SIGNATURE
Fichia Laydon-Randasa

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR						HYGIEN REG. NO.	E (	2	2-3804		
	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DATE OF	DEATH	W.	VEAR	3. TIME DE DEATH 4		
	Jimmie Do	n Weav	1011							12	16	0	2	1:00 A m		
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		0		PLACE (State or Foreign		
	447-36-257	0	1 M 2 - F	56	YRS.	MONTHS	DAYS	HOURS	MIN.	01-27			Country	<b>'</b>		
	9a. FACILITY NAME (If not in			50		9b. CITY	, TOWN (	OR LOCATI	ON OF DE		-30	9c. COUNT		homa		
œ	168 Eain/	inod 1	16			F	,	, ,				Frede				
DIRECTOR	168 Fairs	CEDENT	л.	Frederick							k					
Ä	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCAT	ION				10d. INSIDE CITY LIMITS?				
5	Maryland	Fre	ederick	lerick			Frederick									
	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITIZE	N OF W	HAT COUNTRY?		
FUNERAL	168 Fairfield Dr.							217	702				USA			
3	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT (	OF HISPAN	IIC ORIGIN?	Specify Yea	or No 1	4. RACE	- American Indian,		
	1 Never Married 2 1			YES 2 1	NO			ecify Cubs		n, Puarto Ric	en, etc.)			, white, etc. white		
B	3 Widowed 4 Dive	becon	late 502		60s			762					4,000	WIVECE		
		EDENT'S EDU	CATION	18a. DE	ECEDENT'S	USUAL O	CCUPATIO	ON of world		16b. K	IND OF BUS	BINESS/INDU	STRY			
ᄪ	Elementary/Secondary (0		College (1-4 or 5	+)	Sive kind of a. Do NOT u	se retired.)	during mic	NET OF WORKS	W.							
릴	12		2	B.	rancl	h Mar	L				rkin	Pest	Con	trol		
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)								ME (First, Mic	,					
BEC	Emmett Wea	wer						1.	3eul	ah Val	<i>enti</i>	ne				
	19a. INFORMANT'S NAME (	Type/Print)		19	b. MAILING	ADDRES	S (Street i	and Number	r or Rural F	Route Number	City or Tow	n, State, Zip C	Code)			
2	Lorraine u	leaver			168	Fair	thie	ed D	t., 1	Frede	rick,	MD 27	1702			
	20a. METHOD OF DISPOSITION  10/2 Burlal 2 Cremetion 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)										wn, Stata					
	4 ☐ Donation 6 ☐ Other	on 3 ⊔ Ram r(Specify)	oval from Stata	Resth	iaco) IAV E.N	Mem	oria	l Ga	rden	S		Frede	ricl	b. Md.		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY			0001	C. 11100		
	> Han	Landa L Lammer P.O. Box 1819, Frederick, MD 21702									02					
	23. PART I. Enter the d					not anter	the mo	da of dy	Ing, auci	h aa cerdia	c or respi	retory arre	nt,	Approximata Interval Between		
	IMMEDIATE CAUSE (Final												Onset and Death			
	disease or condition	$\rightarrow$	. Arte	riosc	مولا	oti	C	pro	voi	35 CL	dar	Toi se	245	5 1		
			DUE TO	Derotic Cordiovas Gular Toise a												
Z	Sequentially list condit	lone.	b													
CERTIFICATION	if any, leading to imme	diata	DUE TO	(OR AS A CONSE	OVENCE OF):											
5	cause. Enter UNDERLY CAUSE (Disease or Inju		c			_										
	that initiated events resulting in death) LAS	т	DUE TO	OR AS A CONSE	GUENCE C	HF):										
H	roduling in doolin, and		d													
	PART II. Other algorifica	ant condition	ne contributing to	death but not	resulting	In the u	ndariyin	g cause	given in	Part I. 2	4e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
S											PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	-									_	YES 2	l No		OF DEATH?		
Σ										- 1				1 YES 2 NO		
A	AT WAS CASE DEFENDED T	TO AMERICAN														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		. /	,	eck only one)						
ΥS	1 YES 2 NO			☐ ER/Outpatient :		_	raing Hor	$ \sim$	asidence	8 Other						
	\	Pending	28a. DATE O (Month,	Day, Year)	26b. TII	JURY M	W	JURY AT	¬	28d, DESC	RIBE HOW	NJURY OCCI	JRED			
BY	1 M Natural 6 Pending 2 Accident Investigation							YES 2 [	_ NO							
									y, office  281. LOCATION (Street and Number or Fural Route Number, City or Town, State)							
E										L						
COMPLETED	one)		ICIAN: To the best o													
Ö	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner ea stated.															
BE C	206. SIGNATURE AND TITLE	E OF CERTIFIE	" 01	2				29c. LIC	ENSE NUI	MBER /				(Month, Day, Year)		
	Malew tous 12-1							6-92.								
٩	30. NAME AND ADDRESS O	F PERSON WH	10 COMPLETED CAI	JSE OF DEATH (ITI	EM 27) (Typ	e, Print)										



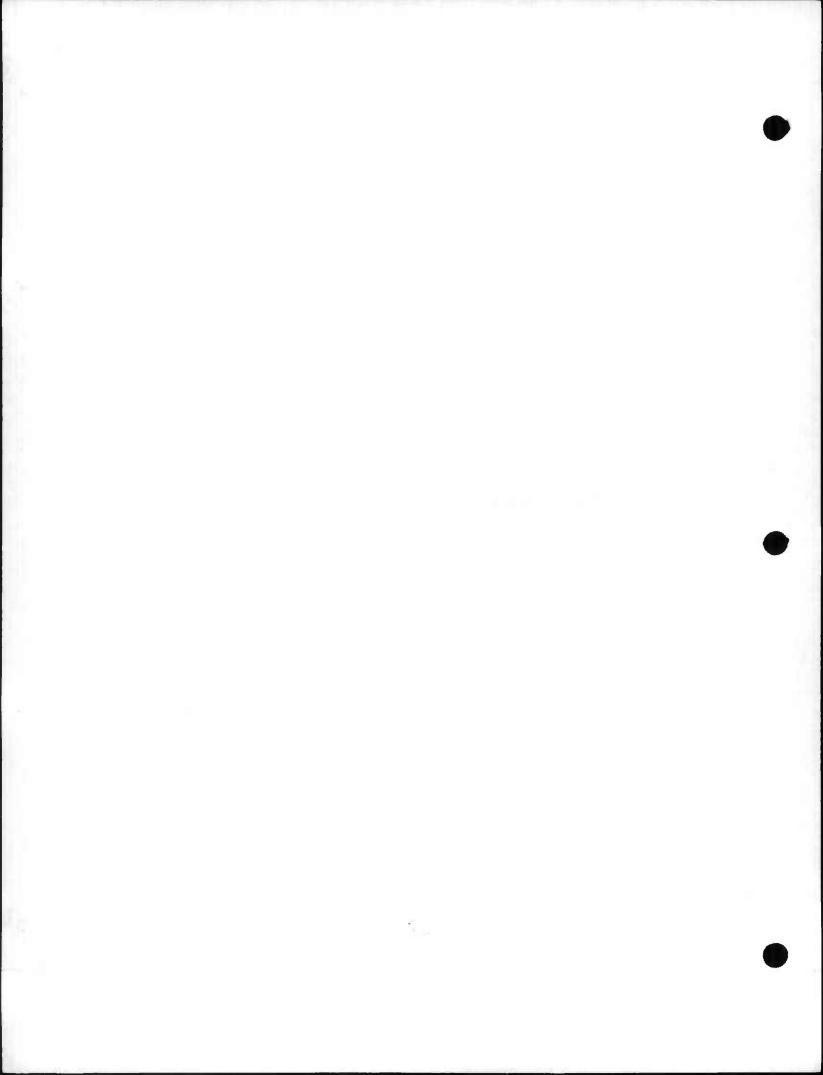
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Migdle, Last)

	1. DECEDENT'S NAME (First, Migdie, Last) Madelynne Veirtz WAYBLE  2. DATE OF DEATH MONTH  DAY  1.2- P									3. TIME OF DEATH 0953 M			
P	4. SOCIAL SECURITY NUMBER 217-10-0691	1 🗆 M 2 💥 F	8. AGE (In yrs. les 88		IF UNDER 1 YE	-	MIN.	Month, Ony, Veer) Aug. 21,	1904	8. BIRTNPL Country) Mary	ACE (State or Foreign land		
. 2. 3 should	Frederick Memori		al		Frede	rick	N OF DEAT	н		Frede:			
t. Pages 1, 2, 3;	106. STATE 10b. COUNT Maryland Frede	112	reder				Id. INSIDE CITY LIMITS? X YES 2 NO						
burlaturansk permit. Pages 1, FUNERAL DIRECT	100. STREET AND NUMBER 601 Fairview A	venue				101. ZIP CODE 2170			AT COUNTRY?				
a a	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X N	MED NO	If yes		, Mexican, i	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No	14. RACE — Black, W Spacify: Whil	American Indian, white, etc.		
for L	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondery (0-12) 1.2	ECEDENT'S USUAL OCCUPATION  The kind of work done during most of working  a. Do NOT use retired.)  nance Officer				Frederick County Dep of Social Services							
2 E III	17. FATHER'S NAME (First, Middle, Last) Charles Henry			18. MOTH		(First, Middle, Meiden lie Franc		lice					
x, page 5 should set be notified TO BE	19e. INFORMANT'S NAME (Type/Print) Mrs. Margaret W.	Kline	6	01 Fa	irvie	w Ave.,		derick, N	1d. 2	17 01			
director, p	20s, METHOD OF DISPOSITION  XX Buriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI	20e. METHOD OF DISPOSITION  XX Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of Mount of Date											
n by the funeral director, removal.	+ Richard E	Tha	-6	00255	Kee 106	ney and East (	d Bas Churc	ford P.A. h Street,	Fre	deric	Home k, Md. 21		
completely filled in al, cremation, or re event, the med	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Pinal disease or conditions, if any, leading to immediate cause. Enter UNDERLYING												
by the attending physician and of Memal Hygiene prior to burl Injury, or other traumatic  AL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d												
of Health ar hows any	Destution	malloty		esuiting in	tre under	ying cause gi	ven in Pa	rt I. 24a. WAS AN PERFOR	IMED?	AM CC OF	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	ER/Outpatient 3		OTHER:	5. PLACE OF DE		only one)  Other (Specify)					
BY PHY	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, De)	NJURY (, Year)	28b. TIME INJUI	RY	INJURY AT WORK?		8d. DESCRIBE HOW II	NJURY OC	CURED			
	3 Suicide 6 Could not be determined	28s. PLACE OF building, e	INJURY — At horte. (Specify)	me, farm, str	reet, factory,	office	20	8f. LOCATION (Street a City or Town, State)	and Number	or Aural Rout	e Number,		
FUNERAL DIRES WITH 72 hours TANT, If Item 2 COMPLET		ICIAN: To the best of n									nd manner as stated.		
TO THE FUNER DE filed webs 7	29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	Kofm	F OF DEATH (ITEM		MD	29c. LICEN	-/3°	77/	29d, DAT	E SIGNED (M	onth, Djry, Year) 4/37		
	Dr. Robert L. 31. DATE FILED (Month, Day, Year)		MD 300		,	Street	, Fr	ederick,	Md.	21701			
L	DEC1 6 19	197 2	سام دین	Pandell	2								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DNMH-18 Rev 1/89



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, P.O.	
RDS,	
RECORDS	
VITAL B	
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and Mental Hygiene prior to burial, cremation, or removal.	or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
th certificate be executed wi	ending physician and compli	I Hygiene prior to burial, cre	or other traumatic ever
he law requires that the dea	s has been signed by the att	e Dept. of Health and Menta	m 23 shows any injury.
PINIO	CTOR: After this certificate	after death with the Stat	28 is marked, or ite:
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRE	be filed within 72 hours	IMPORTANT: If item 28 is marke

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 29, 1992 Ursula MARY WILLIAMSON December 10:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 K F 214-07-3323 9/27/06 86 Maryland Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumberland **Allegany** RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY allegany Maryland LaVale 1 TYES 2 NO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 36 LaVale Blvd 21502 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 TYES 2 200 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 10 housewife own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Peter W, Conroy Helen M. McMullen 19a, INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 810 Eighth St. Vero Beach, FL 32962 Ann Ambelas Gardens LaVale, MD 20a. METHOD OF DISPOSITION
1 Duriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Memorial NAME AND 4 Donation 6 Other (Specify) Rest Lawn ATUBE OF FUNEHAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hafer Chapel of the Hills Mortuary 1302 National Highway, LaVale, MD21502 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onget and Death Myocardial disease or condition\_ teule days arction resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO coul COMPLETION OF CAUSE 1 TES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inputient 2 ER/Outputient 3 DOA OTHER: 1 TYES 2 NO 4 - Nun ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mpnth, Day, Year) BE nellomo 124 30 D 33280 92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Sunil Gupta, Johnson Heights Medical Bldg., Cumberland, MD EGISTIANS SIGNAT

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UTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page (	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should	
a nous after usedut. Fage o fillay be retained by the nospital of att	ineral director, page 5 should be detached for	sminer must be notified at once.
ŭ.	he attending physician and completely filled in by the full Mental Hygiene prior to burial, cremation, or removal.	jury, or other traumatic event, the medicel exa
THE PROPERTY OF THE SAME SEQUENCES AND THE PROPERTY OF THE PRO	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medicel examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE		22 0000		
	1. DECEDENT'S NAME (First, Middle, Last	9				2. DATE OF DEATH		3. TIME OF DEATH		
	Lillian Marth					Dec. 24		92 5:00 p M		
	4. SOCIAL SECURITY NUMBER 212-03-3927	1 D M 2 GyF	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/28/07		BIRTHPLACE (State or Foreign Country)		
~	Se. FACILITY NAME (If not institution, give	street and number)	R LOCATION OF D		9c. COUNTY					
DIRECTOR	Schuvler's Ca	ire Home		Sud1e	rsvill	e	0.1	1.		
REC	10a. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
	MD Q.	.A.	Sı	udlersy			1X YES 2 NO			
RA	THE STATE OF THE PARTY OF THE P			1	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	Church Street 11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED		1668 ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	S OF NO.— 14. RACE American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, spe 1 — YES	cify Cuban, Mexic	en, Puerto Rican, etc.)	Black, White, etc. Specify:			
ED	15. DECEDENT'S ED (Specify only highest gra-	UCATION	16a. DECEDENT'S U	JSUAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUST	White		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	at or wonung					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Bank 1	Celler		Bankin				
ö	Fletcher Phil	line			AME (First, Middle, Meiden S	lumeme)				
BE	19a. INFORMANT'S NAME (Type/Print)	.1105	19b. MAILING	ADDRESS (Street or		nown  Route Number, City or Town	Statu. Zio Coc	de)		
2	Edward Philli	ps				Wilmingto				
	20a, METHOD OF DISPOSITION 1 Deriel 2 Cremation 3 Re	moval from State 20b	PLACE AND DATE OF	E DISPOSITION (No	me of	DATE 200 100	ATION CIN	as Taum State		
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE 4	Sudlersy	ville C	emeter	y12/29/92	Sud1	ersville,MD		
10	· lla.	1 10				eral Home	. P.A	. 21651		
	23. PART I. Enter the diseases, or	Tellows	1 Ab	1370 W	Cypr	ASS St M	illin	aton MD		
	anock, or heart fellure	. List only one ceuse on e	ech line.	ot enter the mod	de of dyling, suc	th as cerdled or respir	atory erreat,	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Ca of endometricum 5900  DUE TO (OR AS A CONSEQUENCE OF):									
- 1	resulting in quatry	DUE TO (OR AS A	CONSEQUENCE OF	:				Squas		
NO	Sequentially list conditions,  Due to (or as a consequence of):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									
FI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF)							
ERI	resulting in death) LAST	d,								
AL C	PART II. Other eignificent condition	ons contributing to deeth b	ut not resulting in	the underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS		
200						PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC								OF DEATH?		
ä										
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (C/					
HYS	27. MANNER OF DEATH	1   Inpatient 2   ER/Outp	28b. TIME			5 Other (Specify) 28d, DESCRIBE HOW IN	HIPY OCCUPI	-0		
ВУ Р	1 Action 5 Pending Investigation	(Month, Day, Year)	INJU	M 1 Y	RK?	Ess. SESONISE HOW IN	Juni Occone			
	3 Suicide 8 Could not be determined	28e. PLACE QF INJURY building, etc. (Speci	— At home, farm, sti	reet, factory, office		28t. LOCATION (Street en City or Town, State)	d Number or R	lural Floute Number,		
<u>=</u>	290. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my knowl	edge death occurred	at the time date	and place, and du	to the source(s) and more	and an adole of			
COMPLETED		IER: On the basis of examination						use(e) and manner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFI		60		29c. LICENSE NU	MBER 254	29d. DATE SIG	SNED-(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W	4-6-0	ATH (ITEM 27) (Type		10.	-	-	80 7 2		
		CIMENN	CF	tespe	KOOKA	v, md				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				171				
6	11-11-20 97	Julia Davidson-Ro	indell							

DALLIMORE, MARYLAN	uted within 24 nours after death. Page 6 may be retained by the hos	completely filled in by the funeral director, page 5 should be detached	rial, cremation, or removal.	c event, the medical examiner must be notified at once.	
DITISION OF WITHE DECORDS, P.O. BOA 00/00,	TO HE HOSPITAL OR ATTENDING PRINSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FLACEAL DIRECTOR After this confliction has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.	with the state of	IMPORTANT: If Item 28 is marked, or like 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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PATRICI, S 31. DATE FILED (MONTH) 2001, DEC 29 92

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEP CERT					MEN	TAL HYGIEN		92	38051
	1. DECEDENT'S NAME (First Charles		am Wilke	rson S	Sr					2. D.	ATE OF DEATH	2	YEAR	3. TIME OF DEATH 4:18Am M
	4. SOCIAL SECURITY NUMBER 213-22-763	32	5. SEX 1 💢 M 2 🗌 F	6. AGE (In	yra. lest birthd	MONT	DER 1 YEAR B DAYS	IF UNDE	24 HRS. MIN.	09	TE OF BIRTH	7	Countr	PLACE (State or Foreign
TOR	No. FACILITY NAME (N not in Kent & Ques	en Anne		ospita	al Inc		nr, rown neste			EATH			ent	EATH
DIRECTOR	10a. STATE  MD	10b. COUNTY	nt				ingt							10d. INSIDE CITY LIMITS?
BY FUNERAL	100. STREET AND NUMBER		Neck RI	D			10	1. ZIP COD	651			10g. CIT		VHAT COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 26 IN YES 3 WIDOWED AT TO THE WAR OR DATES YES. GIVE WAR OR DATES YES. GIVE WAR OR DATES YES.						If yes, sp	CENDENT ( Decity Cubic 2 X NO	m, Mexica	n, Puei	IGIN? (Specify Yes rto Ricen, etc.)	or No—	14. RACE Black Speci	American Indian, t, White, atc.
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5		Give kind We. Do NO Secu	of work do T use retire	ne during med.)	ost of worki	ng		Delawa			e College
BE COM	17. FATHER'S NAME (First, M Thomas Wi		Wilker	rson.				18. MOT		ME (Fir	st, Middle, Meiden		beae	0011080
TO B	Thomas William Wilkerson, Sr. Alice Black  190. INFORMANT'S NAME (TyperPrint)  Gladys Elizabeth Wilkerson NAMEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX													
	20s. METHOD OF DISPOSITION  1 St Burlel 2 Cremetion 3 Removal from State  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 4													
	Fellows Funeral Home, P.A. 2								21651					
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart tellure. I lei	SVU	lm	cane	liac	er the mo	de of dy	ing, suci	h as c	ardiac or respi	ratory ar	rest,	Approximate interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									gears				
PHYSICIAN: MEDICAL C	PERFORMED?  1 VES 2 NO  OF I								WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
SICIAN	25. WAS CASE REFERRED TO EXAMINER? 1 (1) YES 2   NO	MEDICAL	HOSPITAL:	ER/Outputi	ient 3 🗆 DO/	OTH 4 0 1	ER:	ACE OF D			one) ther (Specify)			
B	2 Accident	Pending investigation	28e. DATE OF (Month, D	lay, Year)		TIME OF INJURY M	28c. INJ WO	URY AT PRK? YES 2		26d. (	DESCRIBE HOW IN			
COMPLETED	4 Homicide	Could not be determined	building,	atc. (Specify)	)				and fix	C	OCATION (Street e ity or Town, State)			ours Number,
		CAL EXAMINE	R: On the beele of e					eath occur	ed at the	time, d		due to th	he cause(s)	and manner es stated.
TO BE	Patrick 30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	H (ITEM 27) /7	vpe, Print)		D	36 0	15-7		15	2/2	(Month, Day, Yeer)
	PATRICI. S	HANI	MARIN	514	WAS	H A	WE	Cb	EST	Zn:	Ton h	L	216	20

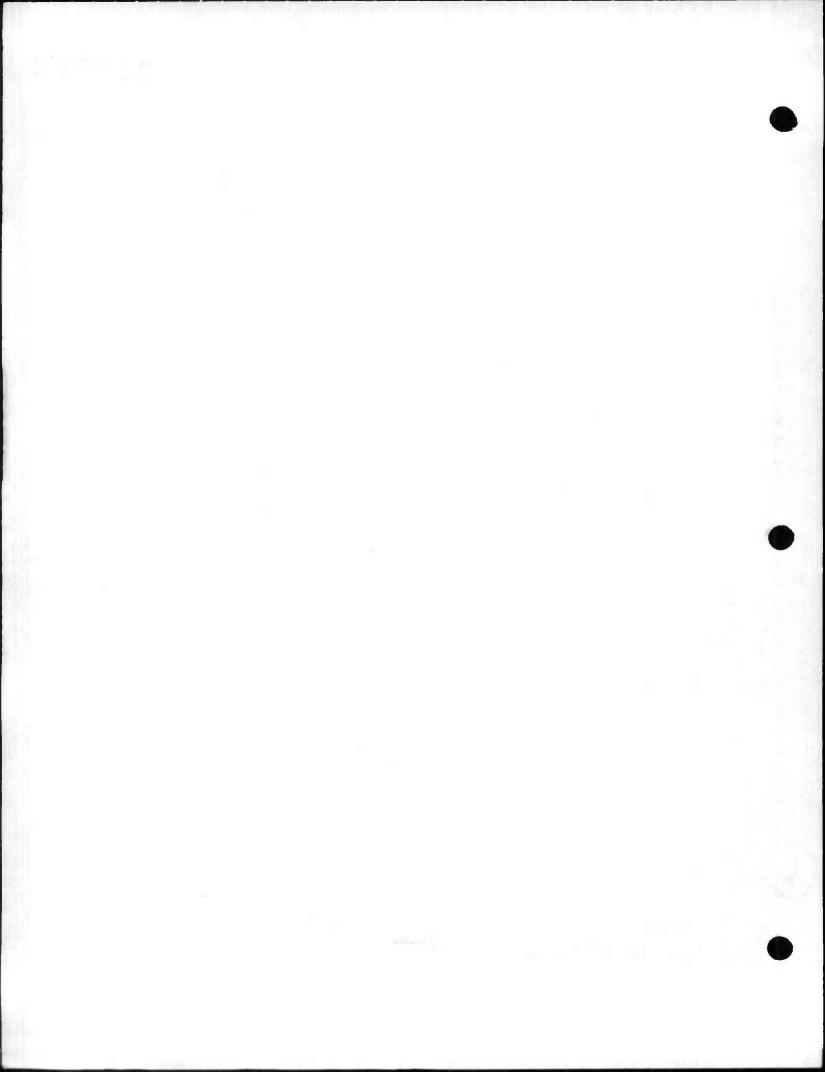
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Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020	14 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit pagn. or removal.	re medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention physician.	TO THE FUNERAL DIRECTOR: After this certificate has been sloned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF I	IEALTH AND	MENTA	L HYGIEN	E	2 3 (	0002	
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		3. TIME	OF DEATH	
	Peter	Zubov	ric			Dec				45 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH	0.00	RTHPLACE (S		
	160-16-4223  Ba. FACILITY NAME (If not institution, give st		// fully				9,19			lvania	
DIRECTOR		1259 Ridge Road Mt						Howa	7.77		
3	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	ION				10d. INSI		
L DI	Maryland How	ard		Mt. Ai						TS? S 2X NO	
FUNERAL	1259 Ridge Roa	10	21771			10g. CITIZEN C	rican				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? PCKYE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxic WNO Spec	en, Puerto I	I? (Specify Yes Rican, etc.)		ACE — Americ leck, White, e	tc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUPATION Work done during mose retired.)		16b.	. KIND OF BUS	INESS/INDUSTR	Υ		
릴	12	6 yrs.	Geo C	hemist		U.	S. Go	vernm	ent		
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, A	Middle, Malden	Surname)			
BEC	Andrew Zubov	ic			Ljub	a K	olar				
2	19c. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Numb	ber, City or Town	, State, Zip Code	)		
=	Elizabeth C. Zu	bovic	1259	Ridge	Road,	Mt.	Airy,	Mary	land	21771	
	20a. METHOD OF DISPOSITION  1  Burial 2  Cremation 3  Ramo 4  Donation 5  Other (Specify)	oval from Stata C	0b. PLACE AND DATE of the semilary, cremetory or of the semilary.	ther place)		DATE		CATION — City o			
	21. SIGNATURE OF FUNERAL SERVICE LICE		Gate of		ID ADDRESS OF F	12/	18 Si	lver	Sprin	g. Md.	
	Notest L.		ms	Olin Damas	L. Mol	eswo	and	208			
	23. PART 1. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. PROSTATE CARCINVMA METAJTATIC  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
DI PRISICIAN: MEDICAL C	PART II. Other significent conditions  Revol Ja		but not resulting	In the underlying	) cause given in	Part I.	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 TYPES XXNO			TOPSY FINDINGS E PRIOR TO ION OF CAUSE 17	
Σ						_			1 TYES	2 NO	
Y	25. WAS CASE REFERRED TO MEDICAL				AOF OF CO						
ا جُ	EXAMINER?	HOSPITAL:	dedict 2 7 22:	OTHER:	ACE OF DEATH (C		-				
Ě	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIM	4 Nursing Hom				JURY OCCURED			
	1 Netural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK? ES 2 NO			OCCURED			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJUR building, etc. (Sp	RY — At home, larm, a secilly)			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ег,	
COMPLETED		CIAN: To the best of my kno							e(s) and many	ner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFICA				29c. LICENSE NU		N/CANCE-	29d. DATE SIGN			
4	m11	Shar				>78	-6	Dec.		1992	
2	30. NAME AND ADDRESS OF PERSON WHO										
	Bernard J. Ro	gus, M.D.	, 9715 1	Medical	Cente	r Dr	., Ro	ckvi1	le, M	d.	
	DEC 1. 6 1992	32. REGISTRAR'S SIG	on-Randale						- 1		



JAN 04 '93

12. AECISPAAR'S SIGNATURE

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	In the completely filled in by the attending physician and completely filled in by the funeral director, pag		the marked or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR	TMENT OF HEALTH A	ND MENT		IE .	2 38053		
	1. DECEDENT'S NAME (First, Middle, Last) BESSIE		ADOF		2. DAT	REG. NO E OF DEATH TH DEATH EMBER	AV	3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER  089-09-8066	1 🗆 M 2 💢	VGE (In yrs. last birthday) 93 YRS.		MIN. 2 (Moi	E OF BIRTH oth, Day, Year)	1899	RUSSIA		
CTOR	PRESIDENTIAL WOOL RESIDENCE OF DECEMENT		HOME	ADELPHI	OF DEATH			Y OF DEATH E GEORGES		
L DIRECTOR	MARYLAND MO	Y ONTGOMERY		TOWN OR LOCATION NORTH BETHESD	A			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL		OR PLACE		10f. ZIP CODE 20852-			UNIT	N OF WHAT COUNTRY? ED STATES		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YES, GIVE WAR O	ER IN U.S. ARMED 'ES 2 <b>X</b> NO 'R DATES	13. WAS DECENDENT OF If yes, specify Cuban, 1 PYES 2 NO	HISPANIC ORIG Maxican, Puerto Specify:	IN? (Specify Yes Rican, atc.)	or No.— 14	6. RACE — American Indian, Black, White, etc. Specify: WHITE		
ONCE.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	JSUAL OCCUPATION ork done during most of working retired.)	16	b. KIND OF BUS	SINESS/INDUS	STRY			
ш	17. FATHER'S NAME (First, Middle, Last)  SAMUEL ZARIN	Middle, Melden		HUME.						
TO BI	10s INFORMANT'S NAME (Resolvint									
r must be	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from Stata	20b. PLACE AND DATEO		DA [-			y or Town, Stata MARYLAND		
ехашие	21. SIGNATURE OF IMPERAL SERVICE OF	try an			OLDBER			HAPELS, INC.		
mt, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):									
TIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING									
	CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other eignificant condition	a contributing to daat	h but not reaulting in	the underlying cause giv	en in Part i.	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA						
BY PHYSICI	1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending  Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea	PY 28b. TIME	OF 28c. INJURY AT	28d. DE	SCRIBE HOW IF	NJURY OCCUP	RED		
9	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, etc. (S	URY — At home, term, at Specify)	reet, factory, offica	28t. LOC City	CATION (Street a or Town, State)	and Number or	Rural Route Number,		
티겁비	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my kn	nowledge, death occurred	i et the time, deta and place, ar , in my opinion, death occured	nd due to the ce	use(a) and man	mer as stated.	ause(a) and manner as stated.		
TO BE COM	29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Morth, Day, Year)  D01120  PEC 31, 1992									
	30. NAME AND ADDRESS OF PERSON WH MYRON L. LENKIN -	2309 SHORE	FIELD ROAD	- WHEATON, M	IARYLAN	D 20902	2			

Billion on

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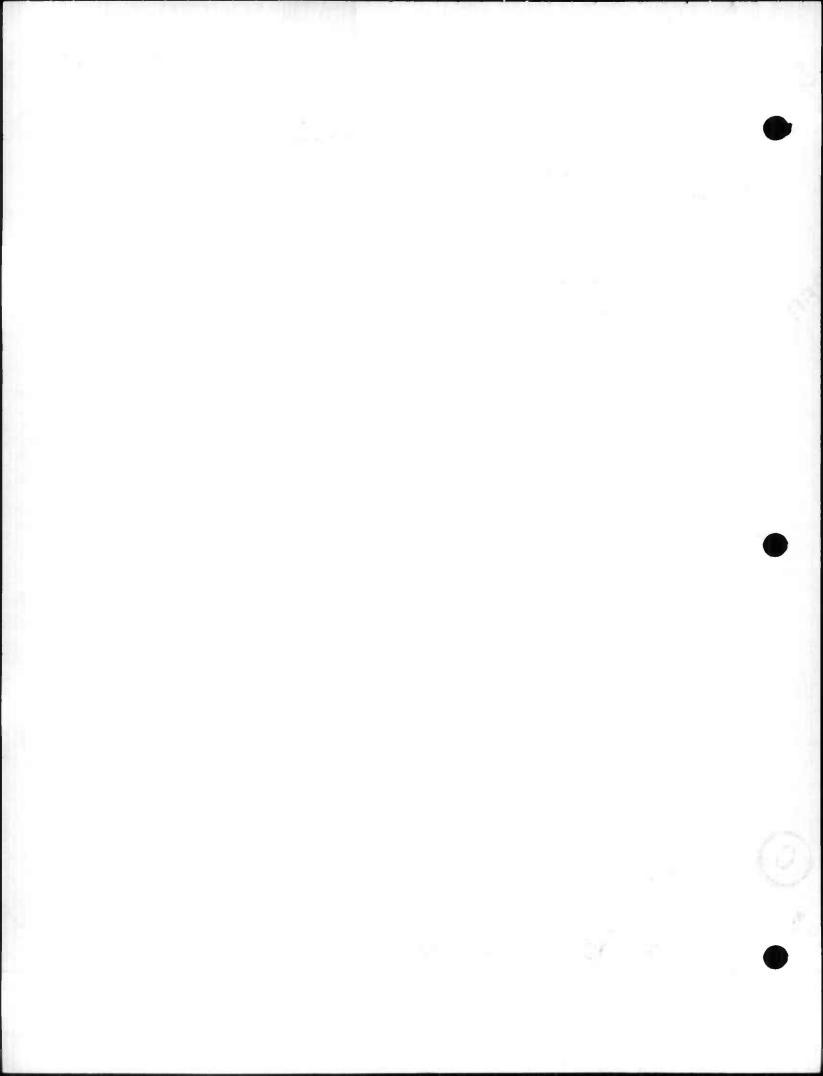
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STATE OF WILLIAMS PHYSICIAN: The law requires that the beautiful of execution	THAT DESCRIPE: After this certificate has been signed by the attending physician and com	with	with it item 28 is marked or item 23 shows any injury, or other traumatic ev
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	FOR STATE REGISTRAR	STATE OF MA					EALTH AND I DEATH	MENT	REG. NO.		J	0004	
	1. DECEDENT'S NAME (First, Middle, Lat.)	Byu		t e	<u> </u>			MON	E OF DEATH TH DAY		YEAR	3. TIME OF OEATH 7:00 // M	
	RUTH M.		AGE (In yrs. last	birthdev)	IF UNDER t	YEAR	IF UNDER 24 HRS.	7. DAT	eniber 2			7:00 /\ M	
1	579-18-7345	1 - M 2 KF				DAYS	HOURS MIN.	(Moi	oth, Day, Year)	Country)			
	9a. FACILITY NAME (If not institution, give st	pet and number) 9b. CITY, TOWN OR LOCATION						April 7, 1918 Ohio					
DIRECTOR		Rockville Nursing Home			Rockville						tgon		
EC	10a. STATE 10b. COUNTY	TY 10c. Cf			, TOWN OR	LOCAT	ON					10d. INSIDE CITY	
腊	Maryland Mor	land Montgomery			Rock	esri 1	110					LIMITS?	
	104. STREET AND NUMBER				100		ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	303 Adclare Road			20850						United States			
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARN	AED			ENDENT OF HISPAI				4. RACE	- American Indian,	
	1 Never Married 2 Married	FORCES? 1		0		If yes, specify Cuban, Maxican, Puarto Rican, etc.  1 ☐ YES 2 🕅 NO Specify:					Black, While, alc. Specify:		
BY	3 🖔 Widowed 4 🗌 Divorced	<u> </u>					I V					White	
	15, OECEDENT'S EOUC (Specify only highest grade		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					10	Sb. KIND OF BUS	INESS/INDU	STRY		
	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille Do NOT use retired )										
를		5+	HOMOMONEL					Own	Home				
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surna							Sumame)				
BE (	Henry Allan	MacMil	lan				Lucy		Young				
ဥ	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State,							, State, Zip C	Code)		
F	Anna M. Boyd		85	1 3r	d Str	ceet	, SW, W	<u>ashi</u>	ngton,	DC 2	2002	4	
	20s. METHOD OF DISPOSITION 1 Duriel 2 Coremation 3 Remo	oval Irom State	20b. PLACE C	OF DISPOS	SITION (Name	e of cerr	netery, crematory or		20c. LO	CATION CI	ity or Tov	vn, Stata	
	4 Donation 5 Other (Specify)	year violin Grate	Montgo	mery	Cren	nato	rium, I	nc.	Bet	hesda	a. M	aryland	
	21, SIGNATURE OF FUNERAL SERVICE LIC	9-13 DE - 00-150	M0083			AME AN	D ADDRESS OF FA	CILITY ]	Robert	A. Pu	mphr	ey Funeral	
	Darbara to Me	Mullen	Jank	ence	- HOI	me/l	Bethesda	-Cne	Bethes	se, II	nc.	/55/ 20814-3501	
	23. PART i. Entar the diaeasea, or o	complications that c	ausad the day	ath. Do n								Approximata	
	ahock, or heart fallura.						, , ,				,	Interval Between Onset and Death	
	iMMEDIATE CAUSE (Final disease or condition									Oliset and Daath			
ŀ	resulting in death)  a. Alzheimers Disease  DUE TO (OR AS A CONSEQUENCE OF):									10 years			
_	Seizure Disorder												
CERTIFICATION	Sequentially list conditions, DIE TO (OR AS A CONSCIUENCE OF)									6 months			
¥	if any, leading to immediate cause. Enter UNDERLYING	diata											
윤	CAUSE (Diseasa or injury that initiated events	C. DUE TO (O	R AS A CONSEO	UENCE OF	F):								
ᇎᅵ	reauiting in death) LAST												
뜅		0											
¥	PART ii. Other aignificant condition	a contributing to de	aath but not n	eauiting i	in tha und	arlying	cause given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
									1   YES 2	⊠ NO		COMPLETION OF CAUSE OF DEATH?	
												1   YES 2   NO	
z													
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (C	heck only	one)				
is	1 TES 2 1 NO	HOSPITAL: 1   Inputient   2   E	ER/Outpatient 3	□ DOA	OTHER:		e 5 🗆 Realdence	8 🗆 01	her (Specify)				
ا څ	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY	28b. TIM	E OF 2	28c. INJ	URY AT RK?	28d. D	ESCRIBE HOW I	NJURY OCCI	JRED		
BY	1 Natural 5 Pending 2 Accident Investigation	(monal, bay,	ioary		M		ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF I		me, farm, s	street, factor	ry, office	)		OCATION (Street a	and Number o	or Runal R	oute Number,	
	4 Homicide determined	ballang, ar	a (opodity)					ľ	ty or rown, oteray			131-90-00	
ا پ	29a. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the best of m	v knowledge, de	ath occurr	ed at the tim	ne, date	and place, and du	a to the	seuse(s) and mar	ner as state	d.		
S Could not be determined building, alc. (Specify)  29a. CERTIFFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the											and manner as stated.		
띪	200 SIGNATURE AND TITLE OF CERTIFIE	this ve	IA						-20			per <b>%\</b> ,1992	
၉	30. NAME AND ADDRESS OF PERSON WH	V V V		4 271 (Kma	Print)			,,,,	0 0	- ре	cemi	er <b>2/ \</b> 1337	
	TOTAL PROPERTY OF THE PROPERTY					Do al	erri 11.	Mass	rland o	0050			
	Eva M. Morell, M 31. DATE FILED (Month, Day, Year)	.D. 6000 E		ve b.	LVU.,	KOCI	varite,	Mdry	rana 2	0832			
	JAN 04 '93	Julia Dav		dapp									
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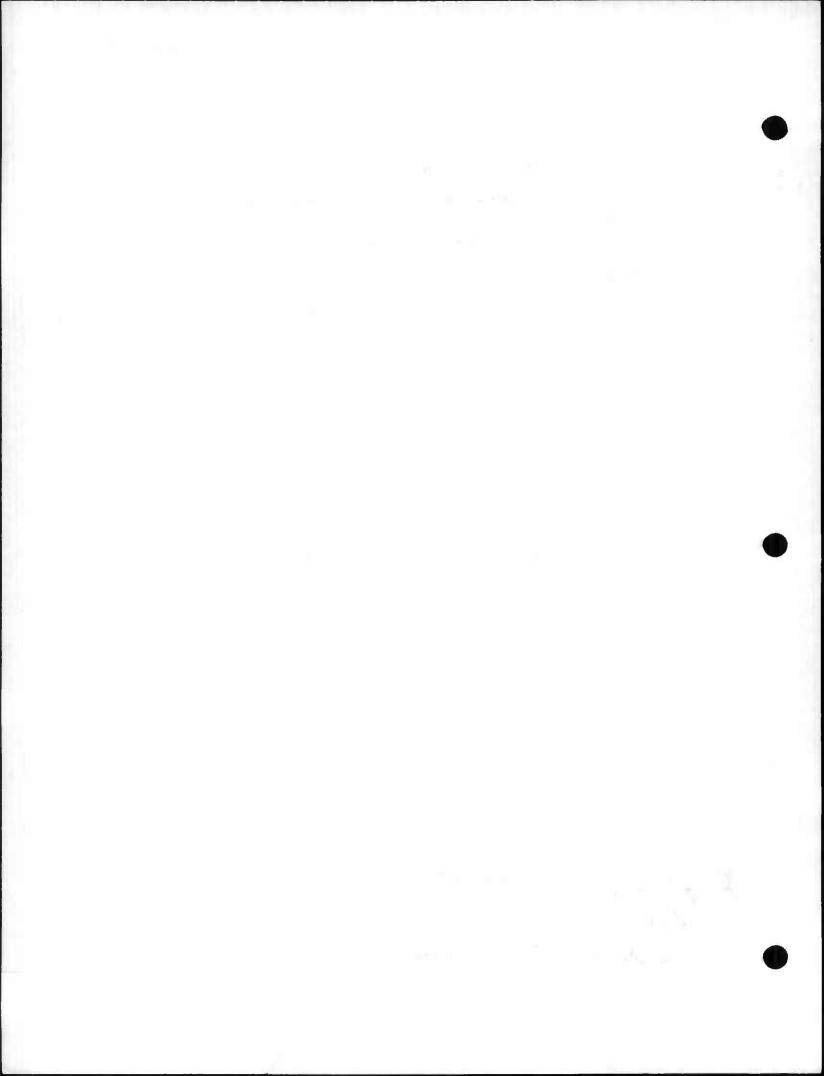
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RT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by a	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
PHY	this	
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ATTEN	ECTOR:	
HO I	L DIR	
	4 R	

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		RT JEFFEI	RSON BOW	MAN	2. DATE OF DEATH	9-9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. lest birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)
	578-10-0896  9e. FACILITY NAME (If not institution, give:		89 YRS.			MARCH 6,1		IARYLAND
DIRECTOR	MESIDENCE OF DECEDENT	alth Care		Car.	There k		Mon	OF GEATH
E C	10e. STATE 10b. COUNT	Υ	10c. CITY	, TOWN OR LOCA	TION	0		10d. INSIDE CITY
		GOMERY		KENSING				1 YES 2 NO
RAL	104. STREET AND NUMBER	4.70		10	f. ZIP CODE			N OF WHAT COUNTRY?
FUNERAL	11119 MIDVALE RO	AD  12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	20895	NIC ORIGIN? (Specify Ye	US	RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2V NO	If yes, a	pecify Cuban, Mexico 2 X NO Specif	an, Puerto Rican, etc.)		Black, White, etc.  Specify:
D BY	3 Widowed 4 Divorced  15. DECEDENT'S EDU	leaster.						WHITE
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during m	ON ost of working	166. KIND OF BU	SINESS/INDUS	TRY
를	10	Consign (1-4 of 3 4)		CONT	RACTOR	PLAS	TERING	
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meiden		
BE	ROBERT HAYS BOW	MAN				NA DAVIS		
2	FLORENA MAE MILES	(DAUGHTE)			end Number or Rurel E AVENUE	Route Number, City or Tox		20302
	20a. METHOD OF DISPOSITION	201	PLACE AND DATE O					MARYLAND y or Town, State
- 4	1 M Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	SAT	netery, crematory or of LEM UNITE		DIST CH.	01/02 CED	AR GRO	VE, MARYLAND
	21, SIGNATURIL OF FUNERIAL SERVICE LI	CEMBER		FRANC	ND ADDRESS OF FA	LLINS FUNE	RAT. HO	ME. INC.
	) Coven Di	Strond		500 U	NIVERSIT	Y BLVD., W.	SIL.S	PR.,MD.20901
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on e	d the death. Do n	ot enter the me	ode of dying, suc	th se cardiac or resp	iratory arres	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Coursell	- 11-	1	1			Onset and Death
	resulting in death)	a. CONCESTA DUE TO (OR AS						Zyears
Z	Sequentially list conditions,	L Arterio	sclerot	ic Hea	ert Di	Sease		Zyears Syears
ATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):				7
FI	CAUSE (Disesse or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF	):				
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other significant condition	ns contributing to death b	out not resulting i	n the underlyin	g cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
	Hupertension	, Azoten	lia			PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL							
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp	netlant 3 DOA	QTHER:	LACE OF DEATH (C)			
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c, IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	NED
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	ILMI		YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, offic	:0	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
<b> </b>	On- OFFICIER							
COMPLETED	(Check only CERTIFYING PHYS	ICIAN: To the best of my know ER: On the basic of examination						ause(e) and manner as stated,
E CC	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			IGNED (Month, Day, Year)
0	The state of the s	Mous	> hi		077	31	12	-30-92
5	30. NAME AND ADDRESS OF PERSON WE	2		-			, ,	
	31. DATE FILED (Morth, Day, Year)	eur 207 B	rookes	Ave G	11 therse	surg mo	201	277
	JAN 04 93	JE BEGISTBAR'S SIGN	Mandall.			_		



BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the Lister Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 63760,	TO THE HOSPITAL OR ATTENDING PRINCIPLE PRINCIPLE TO THE Law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: The first completely filled in by the attending physician and completely filled in by the five within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	The state of the s

	1 - STATE REGISTRAR	STATE OF MAR		TIFICAT				REG. NO.	t		
	1. DECEDENT'S NAME (First, Middle, Last)	ELVIN (	3 Alie	R Ba	aker		2. DATE OF MONTH	DEATH DA	12-20	-92 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 138 46 7399		NGE (In yrs. last birti	res. F UNDE		F UNDER 24 HRS.	(Month, D	BIRTIA / 2 oy, Your 29 _S	. , .	Country)	Jarsey
000	9a. FACILITY NAME (If not institution, give	street and number)	Aff			LOCATION OF I	DEATH		9c. COUN	ITY OF DEAT	ТН
ECTOR	RESIDENCE OF DECEDENT	- COED	06 10		w C	ARRO	LLTOL	ر	TRIA	uce b	Enure 1
DIRE	Maryland PRAN	ice beong		C. CITY, TOWN	-0	2 auto	J			0.0	d. INSIDE CITY LIMITS?  YES 2 NO
3AL	10e. STREET AND NUMBER	avenue			10f. ZI	P CODE			10g. CITI2		T COUNTRY?
FUNERAL	5327 85	12. WAS DECEDENT EV		112	WAS DECEM	2078	NIC ORIGIN? (S			USA	American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 X NO		If yes, specif	y Cuben, Mexic	an, Puerto Rica	in, etc.)	or No	Black, W	Inte, etc.
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDI (G/ve ki	ENT'S USUAL ( ind of work done NOT use retired.)	OCCUPATION during most of	of working	16b. KJI	ND OF BUS	SINESS/IND	USTRY	
once. COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		le Cle			U.	S. Go	vern	ment	
CO	17. FATHER'S NAME (First, Middle, Lest)	<b>~</b> 3			1	B. MOTHER'S N	AME (First, Midd	fle, Maiden	Surname)		
BE	Percy Melvin  19e. INFORMANT'S NAME (Type/Print)	Glasco	19b. MA	VILING ADDRES	S (Street and	Ida Br	OWD	City or Town	n State Zin	Codel	-
2	Georgia Roder:	ick					ngton,		20032	0000)	
must b	20e. METHOD OF DISPOSITION 1		20b. PLACE AND Cometery, premeter	OATE OF DISPO	sition/Name emator	of 'Y	12-31			pring	sum , Maryland
examiner must be notified at once.  TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LI	CENSES		0	Rapp F		Servi	-			MD 20910
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUEN	ICE OF):	ency	Synd	houe				Onset and Death
JICAL CE	PART ii. Other significant condition	ns contributing to dea	th but not resul	ting in the u	inderlying c	ause given in		e. WAS AN PERFOR	MED?	CO	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH?
S shows							-			1 [	YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		E OF DEATH (C	heck only one)		·		
	1 SYES 2 NO	1 Inpetient 2 ER/	Total Control				6 Other (S)		A HIERY OCC	TIBED	
BY PHY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear)	INJURY	WORK	? 2 🗌 NO	100,000				
TED Z8 IS	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, ( (Specify)	arm, street, fac	ctory, office		281. LOCATION OF THE	ON (Street a own, State)	nd Number	or Flural Flout	e Number,
MPURIANI: II 116m 28 18		ICIAN: To the best of my i									d manner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  PROBABLICATE OF	nd Ex	ia mina	lical	21	SOL &				SIGNED (MO	onth, Day, Year)
	PAUL A. ISE	Vare Mi	4203		ens b	ung Ro	1 Hyo	11-13	ville	MD a	20781
	JAN 05 '93	32. REGISTRAR'S									
											DHMH-16 Rev 1/81



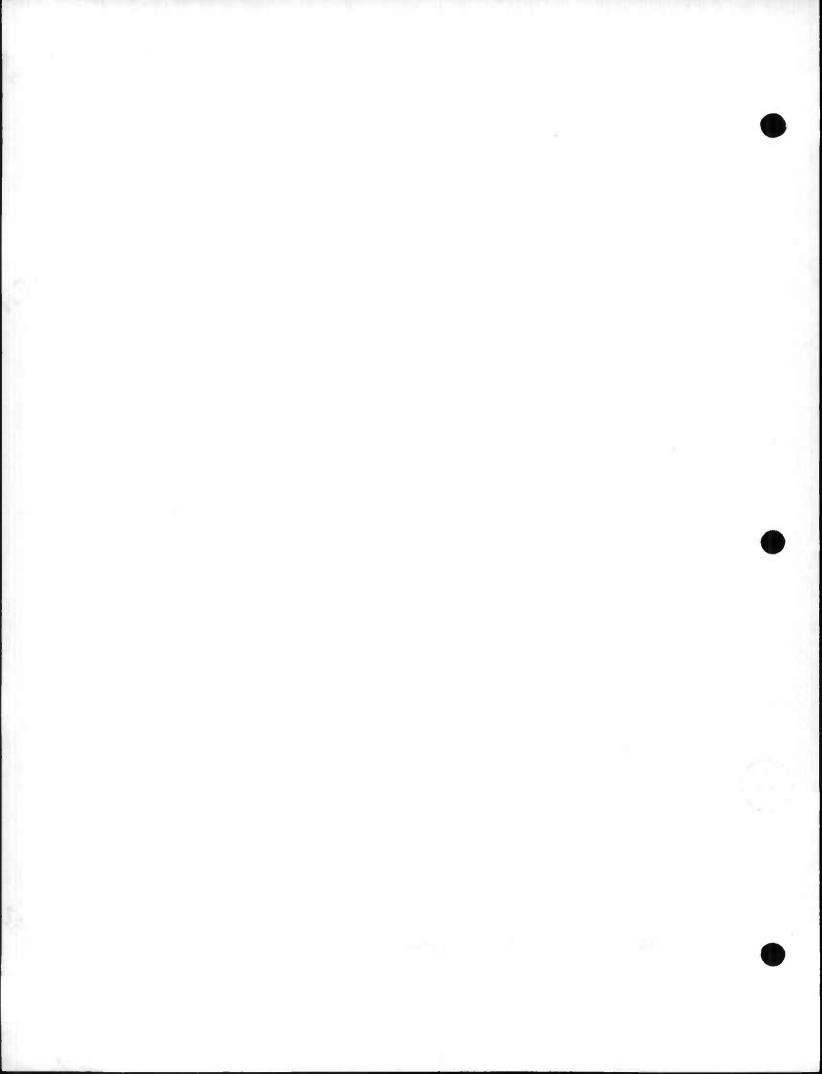
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

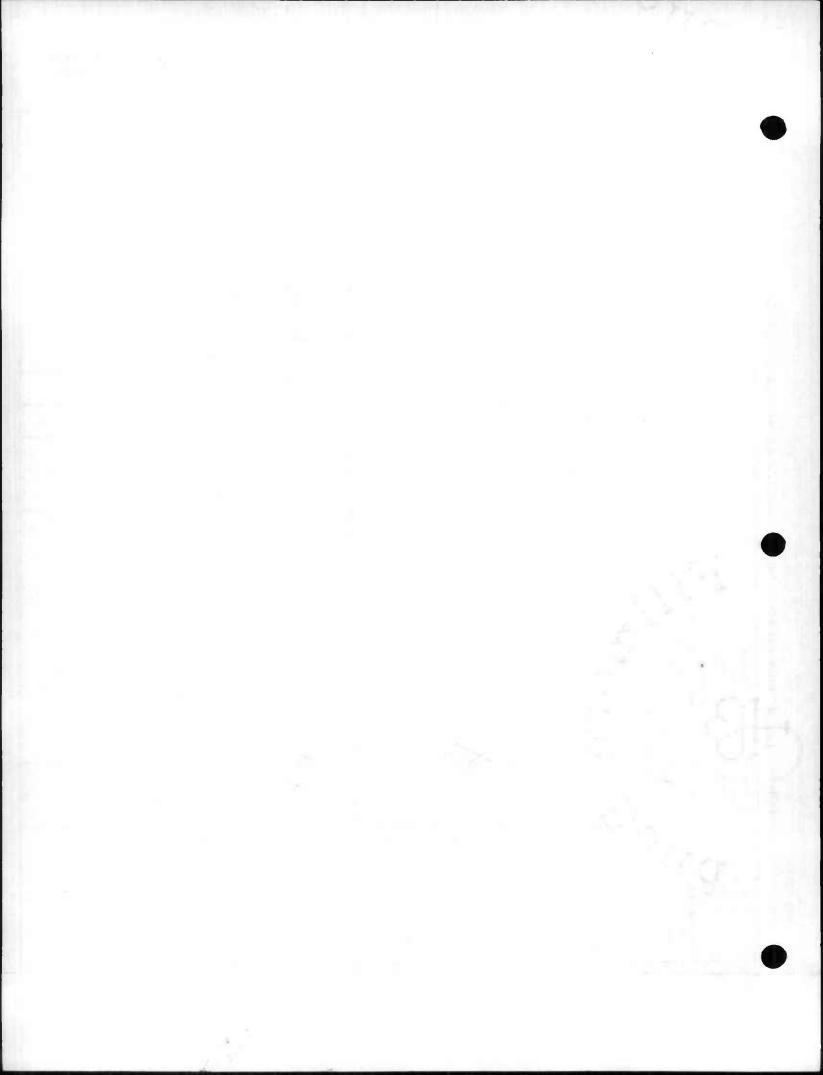
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		1. DECEDENT'S NAME (Firs									2. DATE OF	DEATH DA	N .	YEAR	3. TIME OF DEATH	
		Myrtle Eve										129/9	)2		9:30 PM	М
				5. SEX	6. AGE (In yrs. is		IF UNDER	1 YEAR	IF UNDER 24	MIN.	7. DATE OF E (Month, De			8. BIRTHE Country	PLACE (State or Foreign	7
pin		577-18-07		7.5	71	YRS.						12/2	-	Vi	rginia	
2, 3 should	OR	Springbroom							Spri		ATH			TY OF DE		
₩.	DIRECTOR	RESIDENCE OF DE	10b. COUNT			T 40. 00				115			L PROLL	Facilie	-	
permit. Pages	Ë	MD	0.00				ry, town (								10d. INSIDE CITY LIMITS?	
mit.		10e. STREET AND NUMBER		gomery		1 8	olive		ring						1 YES 2 NO	_
	ERAL	808 Orchar						"	2090	. /					HAT COUNTRY?	
Cian.	FUNE	11. MARITAL STATUS	u way	12. WAS DECEDER	NT EVER IN U.S. A	RMED	13.	WAS DEC	10000		IC ORIGIN? (S	pacify Yes	Un.		States - American Indian,	-
Dhys buri		1 Never Married 2 🖔		FORCES?	YES 2 TO WAR OR DATES	NO		if yes, sp	ecify Cuban, 2 NO	Mexicar	, Puerto Ricar	1, etc.)		Black, Specify	White, etc.	
MARYLAND 21215-0020  retained by the hospital or attending physician. S should be detached for use as the burial-transit notified at once.	ВУ	3 Widowed 4 Div	orced						- 90	opeony				Specify	White	
T21	ETED	15. DEC (Specify on	CEOENT'S EDU ly highest grade	CATION completed)	- (	ECEDENT'S	work done :	CCUPATIO	ON ast of working		16b, KJN	D OF BUS	INESS/IND	USTRY		
ital or	ا ت	Elementary/Secondary (	0-12)	College (1-4 or 5		e. Do NOT u	ise retired.)									
AND the hosp detached	COMPL	12		0		Pater	t Of	fice					h As	sista	ınt	
YLAND 2 by the hospital be detached fo at once.		17. FATHER'S NAME (First, A									WE (First, Middl		Sumame)			
Par bed by	B	Arthur Ken									Varner				<del></del> -	
MAR retained 5 should notified	2		AC = [1.1]								loute Number, C					
m g g		Landon Bow			20b. PLACE	308 0	rcha	rd W	av. S	ilv	er Spr	ing.	Mary	zlanc	20904	
BALTIMORE, or death. Page 6 may be the funeral director, page val.		1 Burial 2 Cremati	on 3 🗆 Rem	oval from State	cemetery, c	rematory or o	other place)		01/	02/	93					
Page II dire		21. SIGNATURE OF PUNERA		CENSES.	Fort	Line	22.	eme	tery D ADDRESS	OF FAC	CILITY	pre	IILWO	M, I	Maryland	_
ALTIMOF death. Page 6 m funeral director, xaminer must		1/1/		151	21		H	ines	-Rina	ldi	Funer	al H	ome			
BALTIMORE rs after death. Page 6 may n by the funeral director, pa removal.		23. PART I. Enter the o	J .	complications the	of sourced the st	anth Da	_ 11'	1800	New	Hami	nshire	A170	S-	lver	Spring.	М
24 hours filled in ti ion, or rei		shock, or h iMMEDIATE CAUSE (Fi disease or condition	neart fallure.	List only ona car	use on each lin	tary	1	: 1	200						Approximate interval Between Onset and De	
1760, ned within completely ial, cremati event, t		resulting in desth)	1	DUE TO	OR AS A CONS	OUENDE, O	1			- 1			- 2		COP	a
coecuted and com to burial, or matic ev	z	week and we have to a facility	•	· chr	nec.	rle	Dri	wi	twe	le	ng	de	eac	10)	10212	1
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O. E certifical ling phy ygiene I		that initiated events resulting in death) LAS	т	DUE TO	OR AS A CONS	QUENCE O	r):									
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RDS, at the deal by the att and Menta y injury,		PART II. Other algnifica	ant condition	e contributing to	death but not	resulting	In the un	derlying	g cause giv	ven in 1	Part I. 24e	. WAS AN			WERE AUTOPSY FINDIN	IGS
That that	DICAL										_ 1	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	ε
requires the sen signed of Health shows am	¥														1 TYES 2 NO	
AL RE he law requ has been Dept. of l	ż															
ITAL II. The law sate has b state Dept. Item 23	PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:				_	ACE OF DEA	ATH (Che	ck only one)					
2 0 0 E	YSI	1 TYES 2 TO NO		1 Inputient 2	ER/Outpatient	3 🗆 DOA	4 Whun	t: iing Hom	e 5 🗆 Resid	dence	6 Other (Sp	ecity)				
Se la fi			Pending	26a. DATE Of (Month, L		28b. TIN	ME OF	_	URY AT RK? (ES 2 1 1	ND	28d. DEŞCRII	BE HOW IP	JURY OCC	URED		
	BY	2 Accident 3 Suicide	Investigation	28e. PLACE (	OF INJURY — At h	orne, farm,	street, fact			-	281. LOCATIO	N (Street a	nd Number	or Bural Bo	nute Number	_
2 E E E 8	ETED	4 Homicide	Could not be detarmined	building,	etc. (Specify)			,			City or To	wri, State)	TO THOMPSON	or riorar no	ore rearrant,	
L DREC	COMPLET		TIFYING PHYS	ICIAN: To the best of	f my knowledge, d	esth occurr	red at the ti	me, deta	and place, a	nd due	to the cause(a	) and man	ner as state	ed.		
HOSPITAL FUNERAL WITHIN 72.	8	one) 2 MED	ICAL EXAMINE	R: On the basis of a	examination and/or	Investigation	on, in my o	pinion, d	eath occured	d at the t	lime, data and	place, and	due to the	cause(a)	and manner as stated	ı.
S 5 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		296 RIGNATURE AND TITLE	DF CERTIFIE	Y 1	Triple 1	/			29¢. LICEN	SE NUM	BER		29d. DATE	SIGNED (	'Month, Day, Year)	_
TO THE HOSPIT TO THE FUNERA De filed within 7	BE C	Leavy	CA	Xpr	go.	2 Ol	in	2	12	21.	21		1/2	2 - 3	31-92	
	2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	OF DEATH (IT	EM 27) (Type		—e	EORG	EF.	SENGS	TAC	(, M.E	).		
_		31. DATE FILED (MOTHY, Doy,	<mark>ඊ</mark> ජ	A DECISTA	AR'S SIGNATURE	J. 00			Whea	ton,	Ferrara Marylar	Drive	0004			_
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

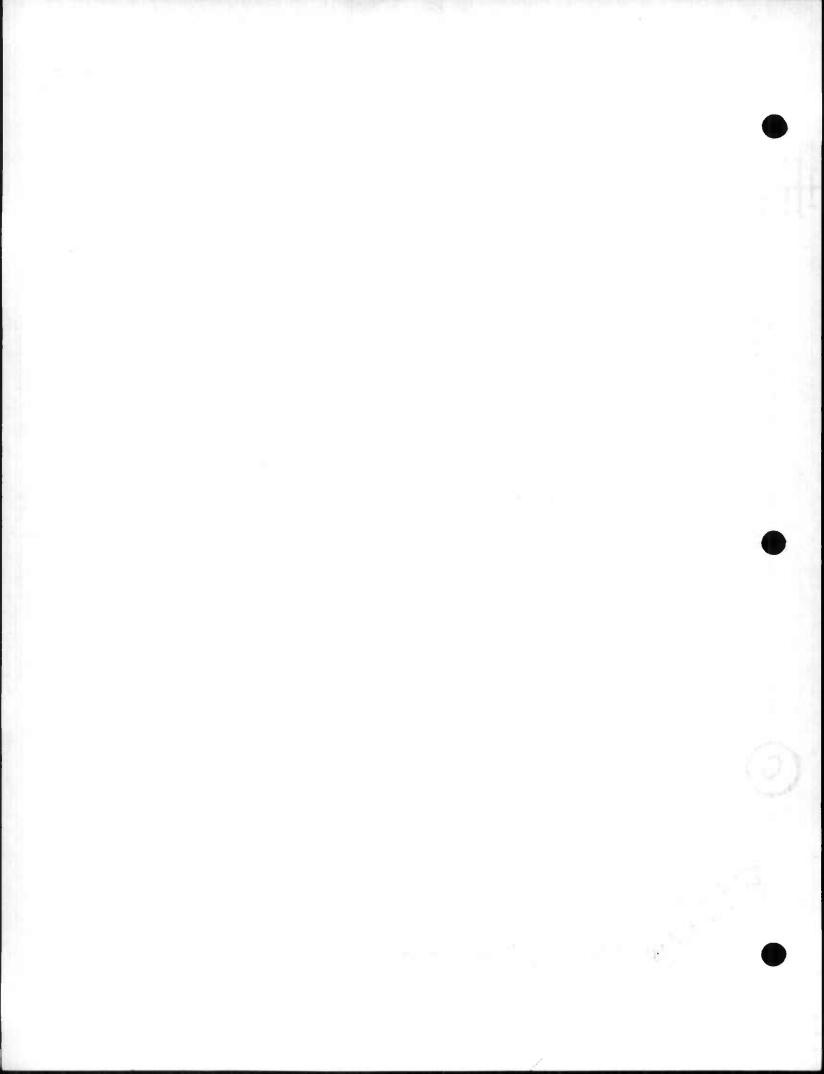


	1. DECEDENT'S NAME (First					ICATE O			2. DATI	OF OEATH		3.	TIME OF D
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	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In )	yrs. last birthday)	IF UNDER 1 YEA		ER 24 HMS.	7. DATE	OF BIRTH		8. BIRTHPLA Country)	
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S C	10e. STATE	10b. COUN	ITY		10c. CF	TY, TOWN OR LO	CATION					100	d. INSIDE
DIRE	Maryland	Pri	ince Geor	qe	L	andover						1.0	VES 2
AL.	10e. STREET AND NUMBER						10f. ZIP CO	DE			10g. CITIZ	EN OF WHA	
H H	1114 Gond	dar Av	/enue				207	85			Unit	ed St	ates
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ш	Elementary/Secondary (0	ly highest grad 0-12)	de completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done during ise retired.)	most of worl	king			IN COSTONIA		
COMPL	12				Nursin	g Assis	tant			Privat	te Ind	ustry	
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5	190. INFORMANT'S NAME (					G ADDRESS (Stre							
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19	1A Burial 2 Crematic	on 3 🗆 Rei	moval from State			Memoria			DA		indove		
	21. SIGNATURE OF FUNERA		LICENSEE			22. NAME	AND ADOR						
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DIVIS	PITAL OR ATTE	ERAL DIRECTO

	1. DECEDENT'S NAME (First, MARGARET	, Middle, Last)	Ε.	T)	DADEGAL	(D				2. DATE	OF DEATH	MY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	DER	E •		RADECAN		1 VEAD	IF UNDER	24 MDE	Dec	ember of Burth	30,19	92	6:20 A
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E C	90. FACILITY NAME (II not in MANOR C.		,			9b. CITY		TOMAC					TY OF DEAT	тн
CTOR	RESIDENCE OF DEC	10b. COUNT			1400 00	TY, TOWN C						1		
DIRE	MD	100, 000111	MONT			CHEVY								Id. INSIDE CITY LIMITS?  XXYES 2 \( \square\) NO
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BY FUNE	11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO		f yes, sp	CENDENT O	F HISPAI	IIC ORIGII n, Puerto	N? (Specify Ye Rican, etc.)		Black, V	American Indian, white, etc.
	15. DEC	EDENT'S EDU	CATION completed		16a. DECEDENT	S USUAL OF				168	. KIND OF BU	ISINESS/INDU	JSTRY	
PLE	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT	CRETA		as or working	v	l N	IIH/ U	.S.GOV	7T.	
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200	19s. INFORMANT'S NAME (7)		EHLEK		19b. MAILIN	G ADDRESS	(Street				LLEN Der, City or Tox			
2	JOHN P. BI		MP								TILLY		,	1
	METHOD OF DISPOSITI	on 3 🗌 Rem	ovel from State	cemei	PLACE AND DATE stery, crematory or SATE OF	other place)			1 / 0	DAT		OCATION C		
	21. SIGNATURE OF FUNERAL		CEMSEE	ma	ma .	11 EAV.	NAME A	ND ADDRES	SS OF FA	193 CHUTY J NW	OS GAT	<u>VER</u> SP WLERS INGTON	SONS	INC. C. 20016
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LION	resulting in death)  Sequentially list conditi if any, leading to imme		· 36~	m	CONSEQUENCE CONSEQUENCE	OF): OF):	- Ode	1880.	ent	i (	0 20 D	en'	rb	
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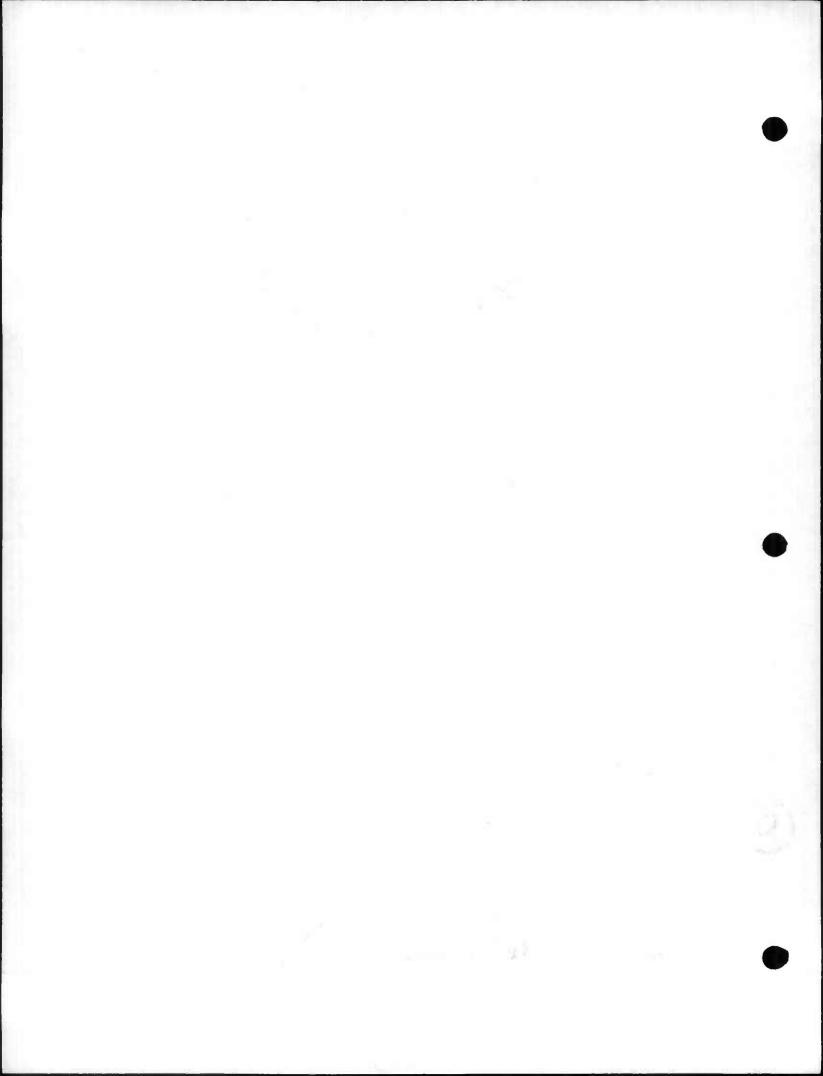
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as the burial-transit permit. Pages 1, 2, 3 should

DIMEION OF VITAL RECORDS, P.O. BOX 68760;

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TO THE HOSP TO STEEL IN PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNE MARK CIRECTIFY After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	8	
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		FOR STATE OF MARYLAND					NTAL HYGIE	2 60	38060
Г	ī	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Linst)		ICATE OF	DEATH	2.	PATE OF DEATH MONTH 12-30-		3. TIME OF DEATH
		GLADYS E 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yra: In	SELLC st birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH	8	3:44 p. M
		220-20-01/2	YRS.	MONTHS DAYS	- 2016		03-01-	21	Maryland
DIRECTOR		Southern Maryland Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN	nton	OF DEATH			Y OF DEATH NCE GEORGES
BE C		10a. STATE 10b. COUNTY	10c. CITY	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
		Maryland Pr. Geo.			rel				1 TYES 2 NO
FUNERAL		3468 Andrew Court, Apt. 102	)	100	v. ZIP CODE	724			EN OF WHAT COUNTRY?  J.S.A.
Z		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI	RMED	13. WAS DE	CENDENT OF H	IISPANIC (	ORIGIN? (Specify )		4. RACE — American Indian, Black, White, etc.
BY C		3 ★ Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 🗆 YE	2 ⊠ NO				specify: Black
THE BETTE		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	ECEDENT'S Give kind of w n. Do NOT us	USUAL OCCUPATI rork done during m e retired.)	ON ost of working		16b. KIND OF B	USINESS/INDUS	STRY
		5th	Do	mestic					
BE CO		17. FATHER'S NAME (First, Middle, Last) Norman Smith					(First, Middle, Maid a Benn		
TO TO		190. INFORMANT'S NAME (Type/Print)  William R. Bennett (Brother	h. MAILING	ADDRESS (Street 8468 Ar.	and Number or	Rural Rout	rt, #1	own, State, Zip C	aurel, MD
nust be			AND DATE O	F DISPOSITION (N		1	DATE 20c. I	OCATION — CH	by or Town, State Spring, MD
niner n	1	21. SIGNAPORE OF FUNERAL SERVICE LICENSEE	1 a	22. NAME A	ND ADDRESS	OF FACILE	TY	-	
al exa		Tolge 1. / Thouse	llu	Rock	ville	. M	ral Ho D 2085	0	
or other traumatic event, the medical examiner must be notified at once.  FRIFICATION  TO BE COM		23. PART I. Enter the diseases, or complications that caused the dishock, or beart failure. List only one gause on each line IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a conse	OUENCE OF				UMON		Interval Between
. 1 44		Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
23 shows any Injury, N: MEDICAL C		PART II. Other significant conditions contributing to death but of the LU	n G	n the underlyin	g cause give	en in Par		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO   1   Input lent 2   DER/Outpat/ent :		OTHER:	LACE OF DEAT		100		
5   ≥		27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIMI		JURY AT ORK?	- T	Other (Specify) d. DESCRIBE HOV	INJURY OCCU	RED
is marked, D BY PH		Natural 5 Pending Accident Investigation		M 1 🗆	YES 2 N				
뭐뭐		3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, s	freet, factory, offic	ce	26	f. LOCATION (Stree City or Town, Sta	t end Number or (e)	r Rural Route Number,
COMPLE		29a. CERTIFIER (Check only one)  1 CERTIFYING BHYSICIAN: To the best of my knowledge, digneral medical Examiner: On the basic of examination and/or							
Por He		29b. SIGNATURE IND THIS OF CERTIFIER		17.5	29c. LICENS	ENUMBER	31	29d. DATE 5	SIGNED (Morth, Day, Year)
≧   բ		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type,	) (00 t	III Ri	16	Ol Da	04.11	Md 7074
		31. DATE FILED (Morth, Day, Year)  JAN 04 93  Fisha Davidson Rea	delle				, UN	7 / 1 / 1	110 20173
-	_								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PROCIOUS. The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OF THE FUNERAL DE FINE WITHIN 72 TO THE MONTANT: IF IN
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				HYGIENE REG. NO.	92	39061	
	1. DECEDENT'S NAME (First, Middle, Last) Richard & 10	Brown				2. DATE OF MONTH	OEATH 24	1993	S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-36-1277  90. FACILITY NAME (If not institution, give	1 Tx M 2 D F 54	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTN by, Your) 7,1938	VIR	GINIA	
TOR	SUBURBAN HOSPI'		•	BETHES		EATH	9c.	MONT	GOMERY	
DIRECTOR		NTGOMERY		OWN OR LOCATION ROCKVILLE				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	4615 OLDEN ROAD			10f. ZIP CODE 1				WHAT COUNTRY?		
BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	IF VES GIVE WAD OD DATES			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Maxican, Puerto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:				9- 14. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 8+)	USUAL OCCUPATION Ork done during most of working e retired.)  16b. KIND OF BUSINESS/INDUSTRY					115		
COMP	17. FATHER'S NAME (First, Middle, List)	2 DESIGNER ENGINEER Micidle, Last) 18. MC			ER 18. MOTNER'S NA	AME (First, Midd	de, Meiden Sume	ne)		
BE	NELSON BROWN	V			IRIS		NTELL			
2	19a. INFORMANT'S NAME (Type/Print)  CAROL L. BROWN	/***TPD		DORESS (Street an						
	20e. METHOD OF DISPOSITION	(WIFE)	4615 OL			TILLE.	MARYTA 20c. LOCATIO			
	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  Cemetery, cremetory or other place) GEORGE WASHINGTON					1			X 1000	
	21. SIGNATURE OF FUNERAL SERVICE	CENSEE	LORGE WAS	22. NAME AND	ADDRESS OF FA	CILITY	ADELPH			
	1 store	time			J. COI					
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not	500 UN	VERSITY	BLVD.	W. SI	L. SPR	MD. 20901	
	ehock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	A CONSEDUENCE OF):					arrout,	Approximate interval Batween Onset and Daeth	
z		DUE TO (OR AS	A CONSEDUENCE OF):	Acc	iDE	=~				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events.)  Dull TO (CAUSE OF):  Dull TO (CAUSE OF):									
CERTIF	CAUSE (Disease or injury that initiated events reaulting in death) LAST  d. Dull TO (CR AS A CONSEQUENCE OF):  d. Dull TO (CR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other aignificant condition	na contributing to death i	out not feaulting in	tha undarlying	cause given in		PERFORMED?  YES 2 N		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		25. PLA	CE DF DEATH (Ch	eck only one)				
YSI	1 TYES 2 ND	1 Ninpatient 2 - ER/Out		☐ Nursing Home	5 🗆 Residence	5 Cher (S	pecify)			
1	27. MANNER OF DEATH  Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	WOR	K?	28d. DEŞCRI	IBE HOW INJURY	OCCURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	Could not be   25e. PLACE OF INJURY — At home, ferm, street, building, etc. (Specify)			1 YES 2 NO Rectory, office 281. LOCATION (Street City or Town, State			t and Number or Rural Route Number, e)		
COMPLETED		NCIAN: To the best of my know ER: On the basis of examination							) and manner as stated.	
BE	296. SHOMATURE AND TITLE OF PERTIFIE				353				(Month, Day, Yber)	
OT	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CHIEF OF DE	ATH (ITEM 27) (Types, Po	inej				-	302/	
	JAN 04 93	Pulia Karidana	Abrilett.							

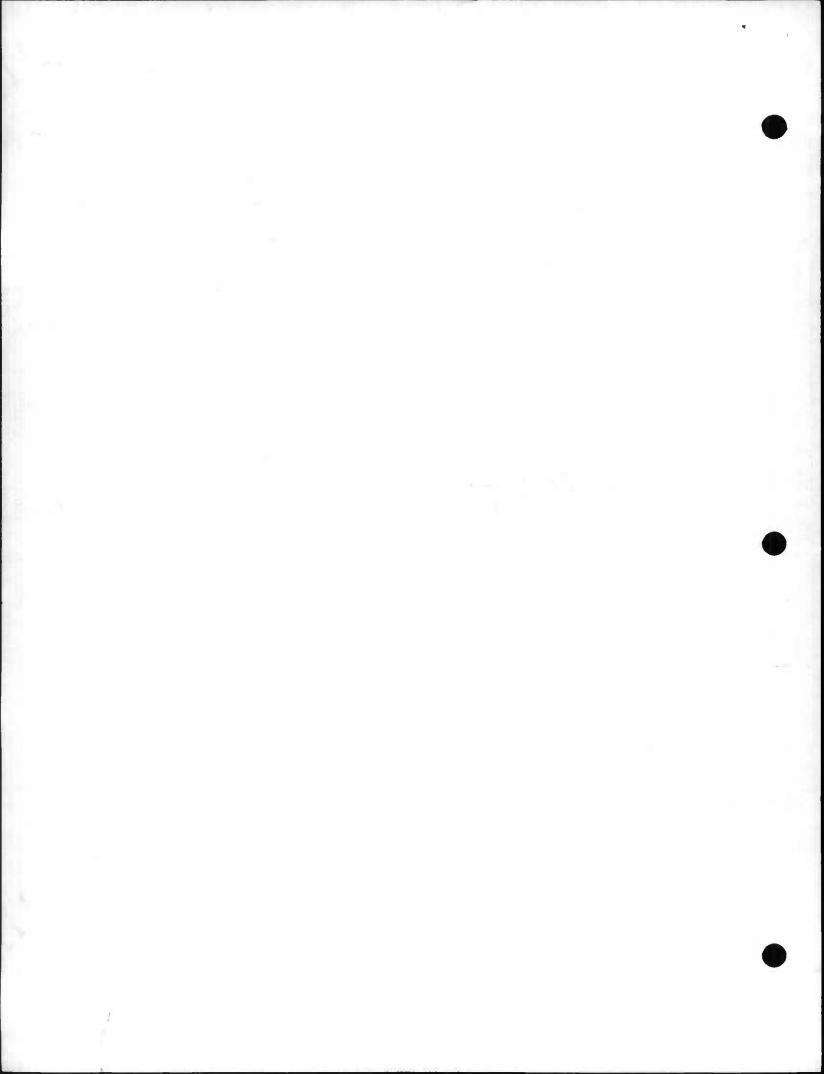
was a standard insulation cartiestic.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HE		IENTAL HYGIENE	E	
	1. DECEDENT'S NAME (First, Middle, Lest)	BELDE	GRUN			2. DATE OF DEATH DAY	YEAR 97/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  084-32-3951  9e. FACILITY NAME (If not institution, give a	5. SEX 8. AGE (	9 YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 5, 19	03 NYC	THPLACE (State or Foreign
TOR	Circle Manor Nurs			Kensing	LOCATION OF DEA	тн	Montgo	
DIRECTOR	Maryland Monts	gomery		TOWN OR LOCATION	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 10231 Carroll Pla	ace			20895		USA	WHAT COUNTRY?
BY	11. MARITAL STATUS  1)XXNever Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECE	NDENT OF NISPANIE	C ORIGIN? (Specify Yee , Puerto Rican, atc.)	or No — 14. RA Bis Spe	CE — American Indian, ock, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	ork done during most	of working	16b. KIND OF BUSI	INESS/INDUSTRY	
OMP	12 17. FATNER'S NAME (First, Middle, Last)	4	Teacher		18 MOTHED'S NAM	Educatio		ntary School
BE C	Jacob Beldegrun				(unavai)		sumame)	
TO 8	19a. INFORMANT'S NAME (Type/Print)				d Number or Rural Ro	oute Number, City or Town,		
	Doris Flanigan 20a. METHOD OF DISPOSITION	100				W, WDC 200		
	1 Buriel 2 C. Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cem	PLACE AND DATE OF setery, crematory or other	er place)		1,93 Alex	ATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LE	Le las		DeVol	Funeral	LITY	shingto	n, DC 20007
CERTIFICATION	23. Por i. Enter the diseases, proshock, pr heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events resulting in death) LAST	DUE TO (OR AS A	sch line.	l+tell enbol		ss cardiec or respir	atory srrest,	Approximate interval Between Onset and Death  3 Mes
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	s contributing to death be	ut not resulting in	the underlying	csuse given in P	24e. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T		CE OF DEATH (Chec	k only one)		
14Si	1 VES 2 NO	1 ☐ Inpetient 2 ☐ ER/Outp	etient 3 DOA 4		5 Residence 6			
84	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28e. PLACE OF INJURY	INJUF	M 1 YE	(7 S 2 NO	28d. DESCRIBE NOW IN. 28f. LOCATION (Street an		
ET EO	3 Suicide 8 Could not be determined	building, etc. (Spec	ffy)	ver, rectory, office		City or Town, State)	o Number of Hurar	Houte Number,
COMPLETED		CIAN: To the best of my knowl						(a) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	ecen, 4.D			DO 98 7		29d. DATE SIGNE	0 (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH  BARRY M. ROSE  31. DATE FILED (Month, Day, Year)	NBAUM 3	720 FA	rine) IRRAGUT	AUT.	KENSING	STON, A	40 20895
	JAN 05 '93	32. REGISTRAN'S SIGN	Bodelle.					

SEASTLAND OF PO MAL

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TIMENT OF I		MENTAL HYGIE		30000	
	1. DECEDENT'S NAME (First, Middle, Last) JAMES J. BUTLER	JAMES	JOSEPH			2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
-3	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (II	yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country) EW JERSEY	
OR	9a. FACILITY NAME (II not institution, give stree GOOD SAMARITAN HO			9b. CITY, TOWN	BALT IM		Sc. COUNTY	OF DEATH  LTI MURF	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 123 W 29th ST.	# 1313		/	1. ZIP CODE 2/2/8	)		N OF WHAT COUNTRY? ED STATES	
B		2. WAS DECEDENT EVER IN FORCES? 1 V YES IF YES, GIVE WAR OR DAY	2 NO	If yes, sp	CENDENT OF HISPAI lecify Cuben, Mexics 2 NO Specif	NIC ORIGIN? (Specify 1 in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: BLACK	
COMPLETED		TION	(Give kind of a life. Do NOT us	,	ON ost of working		USINESS/INDUS	TRY	
OM	17. FATHER'S NAME (First, Middle, Lest)		SUPERV	ISOR	10. MOTHER'S NA	ME (First, Middle, Maide	RUCTIO	N	
BE C	JAMES JOSEPH BUTL	ER				AE BELL	or containe)		
5 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	wn, State, Zip Co	ide)	
-	DEBORAH WATTS			EDGEMON		BALTIMORE			
	20a, METHOD OF DISPOSITION 1 & Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State 20b.	PLACE AND DATE ( Nery, crematory or o	OF DISPOSITION (Na ther place)			OCATION - CITY		
	21. SIGNATURE OF PUNERAL SERVICE LICEN		. JOHN	22. NAME A	ND ADDRESS OF FA	CILITY		MARYLAND	
	EDWARD N. BRII			59 1	V. WASHIN	FUNERAL HONGTON STRE	ET, LEG	ONARDTOWN, MD	
	23. PART i. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused at only one cause on ea  METASTATI  DUE TO (OR AS A	C LUNE	CARCI		h as cardiac or res	piratory arreat	Approximate Interval Between Onset and Death	
MOITA	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):					
AL CE	PART ii. Other significant conditions of	contributing to death bu	it not resulting	in the underlyin	g cause given in	Part i. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICA						1   YES	PRMED?	MAJLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	IOSPITAL:	dient 3 DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)			
높	27, MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	IURY AT	28d. DESCRIBE HOW	INJURY OCCUR	NED	
Β¥	1 Netural S Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLET		N: To the best of my knowle On the best of examination						ause(e) and manner as stated.	
TO BE (		ampo-tim-			29c. LICENSE NUI	ABER =	29d. DATE S	IGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO CO	CAMPLETED CAUSE OF DEA	- GOOD	SAMAR.	H WINT	OSPITAL	OF /	MARYLAND	
	31. DATE FILED (Month, Day, Year) 15	2 Julia	TURE Davidson-M	andell					



some signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be tetached for use as the burial-transit permit. Pages 1, 2, 3 should be tetached for use as the burial-transit permit. Pages 1, 2, 3 should be tetached for use as the burial-transit permit.

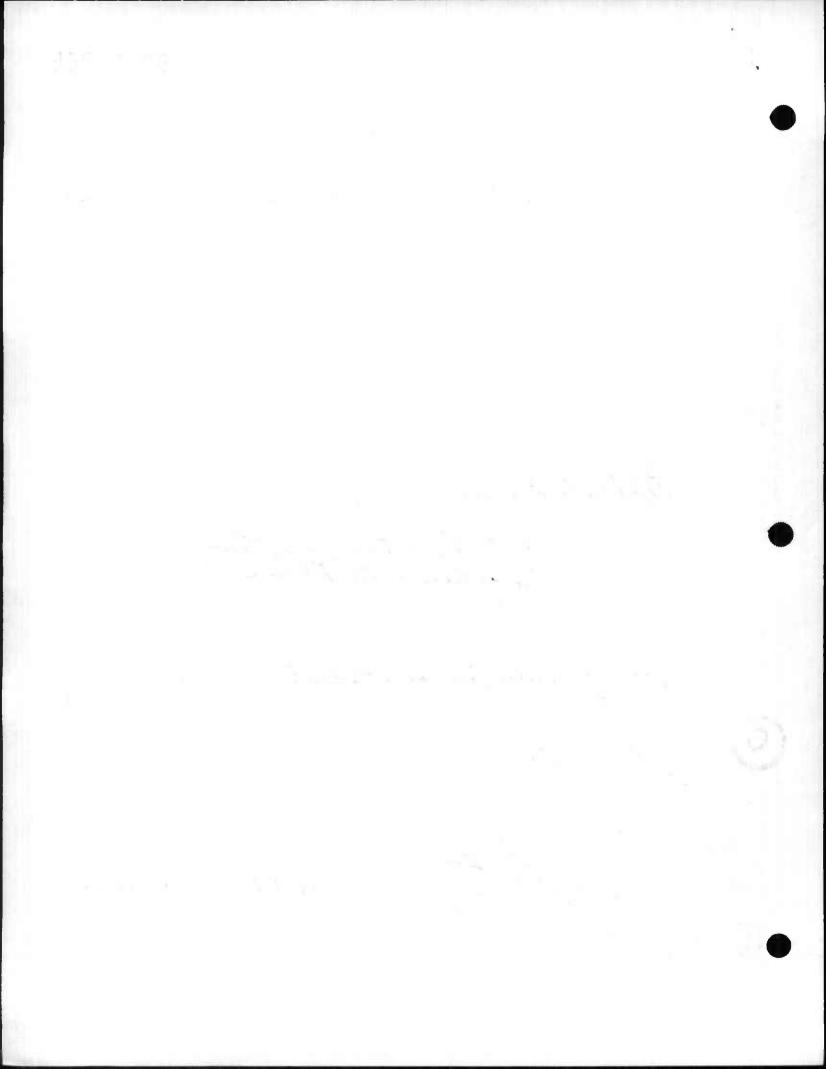
23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TEMONS I	OR: After	flar death	8 is mar
U OH AT	A DIRECT	2 hours a	I Item 2
HOSPID	FLINERA	within 7	ITANT: 1
10 TH	THE THE	be filed	IMPOR

	1 - FOR STATE STATE REGISTRAR			T OF HEALTH AND E OF DEATH		E	38064
æ	1. DECEDENT'S NAME (First, Middle, Last)	Louise 6. AGE (In yrs. lest I	birthday) IF UNDE	BOKES  R I YEAR   SF UNDER 24 HRS.  DAYS HOURS MIN.  Y, TOWN OR LOCATION OF E		909	3. TIME OF DEATH  5.30 M  BIRTHPLACE (State or Fordign Country)  Maryland  Y OF DEATH
L DIRECTOR	RESIDENCE OF DECEMENT  10a. STATE  10b. COUNTY  Maryland  St. Mary  10c. STREET AND NUMBER	//Q_/	10c. CITY, TOWN			57.	10d. MSIDE CITY LIMITS? 1  YES 2 NO
BY FUNERAL	Box 167  11. MARITAL STATUS  1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. ARM 57 1 YES 2 XNO GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 _ YES 2 Ø NO Speci	NIC ORIGIN? (Specify Yes		N OF WHAT COUNTRY? U.S.A.  I. RACE — American Indian, Black, White, etc.  Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  St Grade  17. FATHER'S NAME (First, Middle, Last)	4 or 5+)	EDENT'S USUAL OF A kind of work done to NOT use retired.) OUSEWIFE	during most of working	16b. KIND OF BUS HO	ome	
TO BE C	Ben Countess  190. INFORMANT'S NAME (Type/Print)  Annie E. Baker  200. METHOD OF DISPOSITION	Вс	ox 167 C	Elean S (Street and Number or Aural Clements, Ma	nor Ho Route Number, City or Tow ryland 206	olt n. Stata, Zip Co 524	
	1 M Burial 2 ☐ Cremation 3 ☐ Removal from St. 4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ata cemetery, crem Charle	22.	ial Gardens NAME AND ADDRESS OF F. Mattingley—G	12/21/92 L wound ardiner Fur	eonard neral	
	23. PART /. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ne that caused the deat ne cause on each line.	th. Do not entar	the mode of dying, aud	the se cardiac or respi	ratory arres	t, Approximate Interval Batween Onset and Dasth
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury	THE TO (OR AS A CONSEQUENCE TO		T Failu			
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contribute  # Cerebration    Cerebration	ing to death but not re-	suiting in the ur	ndariying cause given In	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	27. MANNER OF DEATH  1 Natural 5 Pending	nt 2 ER/Outpetient 3 E	DOA 4 Nur 28b. TIME OF INJURY	26. PLACE OF DEATN (C) R: rsing Nome 5   Residence 28c. INJURY AT WORK? 1   YES 2   NO		NJURY OCCUP	RED
LETED BY	4 Nomicide determined	ACE OF INJURY — At home		tory, office	281. LOCATION (Street a City or Town, State)		
E COMPLET	Check only 2 MEDICAL EXAMINER: On the base 20th Signature and Title of Centifies	beat of my knowledge, deat	h occurred at the treatigation, in my o	time, date and place, and du- opinion, death occured at the 29c, LICENSE NU	time, date end place, an	d due to the c	euse(a) and menner as stated.
TO BE	30. NAME AND APOBERA OF PERSON SHO COMPLETE	7 Construction	W North Barris	D/99	10000	12	17/92

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32. REGISTRARIO



d within	mpletel	- Arean
execute	and co	the house
TO THE HOSPITAL OR ATTENDIAL PHYSICAL THE law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this Territorie has been signed by the attending physician and completel	he fled within 70 has been been been been been been as thought and Mariana print to been a conserve
nat the death	by the att	and Standar
requires th	ben signed	of Manhh
The law	the has b	Man Dam
T MOISHER BION	r mis carinea	to called the Co.
IN ATTENDIB	IRECTOR, After	the second second
HOSPITAL (	FUNERAL D	- CT middle
O THE	JHE (	Sta d

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT DF		MENTAL HYGIEN		38065
	-	1. DECEDENT'S NAME (First, Middle, Last) FRANCIS ELLIOTT	BURCH. SR.				2. DATE OF DEATH DO DECEMBER 12	1992	3. TIME OF DEATH 2207 M
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	5	213-01-5569	1 🗙 M 2 🗆 F	83 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) DECEMBER 21,	- 1	Country)
	~	9e. FACILITY NAME (If not inetitution, give st			9b. CITY, TOW	N OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH
	CTOF	ST. MARY'S HOSPIT	ral .		LEONAR	DTOWN		ST. N	MARY'S
	DIRECTOR	MARYLAND ST.	MARY'S		LLYWOOD				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	UNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZER	OF WHAT COUNTRY?
	Ä	RT 1, BOX 899				20636		UNITE	D STATES
	FU	11. MARITAL STATUS	12. WAS DECEDENT EVER   FORCES? 1 YES		13. WAS D	ECENDENT OF HISPAI specify Cubso, Mexica	NIC ORIGIN? (Specify Yes	or No- 14	RACE American Indian, Black, White, etc.
	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 TNO Specifi			Specify:
									WHITTE
	9	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of	Work done during i		16b. KIND OF BUS	SINESS/INDUS	TRY
	Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	se retired.)	•			
ei	MP	12		PRES/	CEO		PETROLE	UM DIS	TRIBUTOR
at once	COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)	
	ш	SAMUEL BERNARD BU	JRCH, SR.			SARAH N	. ADAMS		
notified	9 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLIN	ADDRESS (Stree	t and Number or Rural i	Aoute Number, City or Town	n, State, Zip Co	de)
100	2	MARIE B. BURCH		RT. 1	, BOX 8	99. HOLLY	WOOD, MARY	LAND 2	0636
90		20e. METHOD OF DISPOSITION		. PLACE AND DATE	OF DISPOSITION				or Town, State
Ē		1 № Buriel 2 □ Cremation 3 □ Remo		JEEN OF	PEACE		12/16 HEL	EN MA	RYLAND
ner		21. SIONATURE OF FUNERAL SERVICE LIC			22. NAME	AND ADDRESS OF FA	CILITY		KILLAND
E							UNERAL HOM		
or removal.  medical examiner must		EDWARD N. BRI			59 1	N. WASHIN	GTON STREE	T, LEO	NARDTOWN, MD
Par Par		23. PART i. Enter the disesses, or constant shock, or heart failure. L	omplications that cause liet only one cause on a	d the death. Do	not enter the n	node of dying, suc	h ss cerdiec or respi	ratory srrest	Approximate interval Setween
il, cremation, or event, the m		IMMEDIATE CAUSE (Final disease or condition resulting in death)	PRUBA	ble.	MYOC	-ned in	LINE	sect	Onset and Death
- e			DUE TO (OR AS	A CONSEQUENCE O	IF):				
traumatic e	S	Sequentially list conditions,	000 70 400 40						
arm o	CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE O	(F):				
tion to	3	CAUSE (Diseese or injury	OUE TO (OR AC						
Hygiene p	RTIFI	that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	<b>(F)</b> ;				
	CER								
Mental njury,	_	PART ii. Other significant conditions	contributing to death i	out not resulting	in the underly	ing cause given in	Part i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
of Health and thoms any in	DICA	Conce	Tewe H	-ust	Fall	in e	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
s a					74760	700	1 TYES 2	NO	OF DEATH?
	Σ						/	•	1 TYES 2 NO
23 g	AN	25. WAS CASE REFERRED TO MEDICAL							
Item 23	SICI	EXAMINER?	HOSPITAL:	V	OTHER:	PLACE OF DEATH (Ch	eck only one)		
0 1	> 1	1 DE YES 2 NO	1 Inpatient 2 I ER/Out		4 Nursing Ho	ome 5 🗆 Reeldence	6 Other (Specify)		
E P	H	27. MANNER OF DEATH	(Month, Day, Year)	28b. TIN		NJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCUR	ED
marked,	BY	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO			
2 10	0	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, cify)	street, factory, of	fice	261. LOCATION (Street e City or Town, State)	and Number or	Rural Route Number,
28	1	4 Homicide determined							
Item I	J.E	29e. CERTIFIER 1 CERTIFYINO PHYSIC	CIAN: To the best of my know	ledge, death occur	ed at the time de	te end place, and due	to the council and man	Oper on state of	
2 =	COMPL								suse(e) end menner ee stated.
MITHIN	8				, opinion,				
MPORTANT:	BE	29b. SIGNATURE AND TITLE OF CENTURE	1-			29c. LICENSE NUI			ONED (Month, Day, Year)
2 2	0	30, NAME AND ADDRESS OF PERSONAVHO	my riss	de		10-14	285	- /	2-14-92

OF PERSONAVHO COMP ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D 17 JEFFERSON STREET.
32 REGISTRAR 9 SIGNATURE and a signature of the sig

LEONARDTOWN

MARYLAND

WILLIAM D.

BOYD,

MD

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

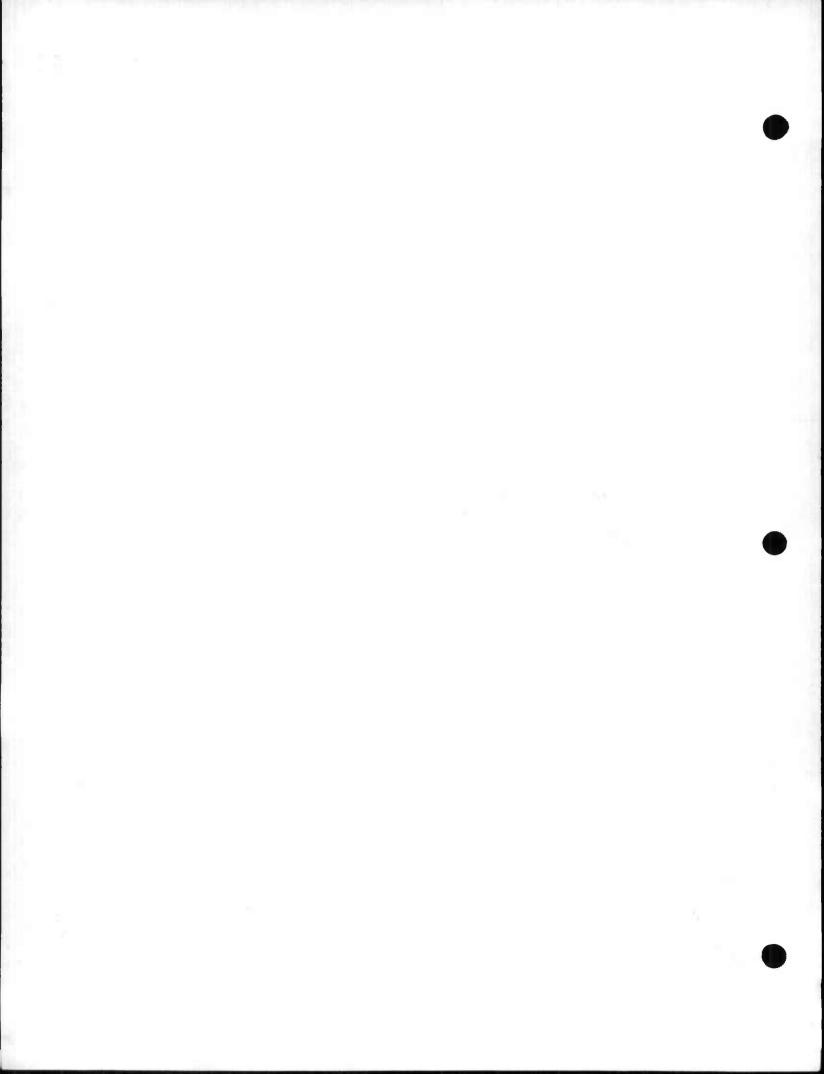
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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ther death. Page 6 may be retained by the hospital or	tor.	3	
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TO THE HOSPITAL OR ATTEND AS PROVIDEN IN The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: A marine as conficted has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after community after community or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
A	RECTION A	E	
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38066 92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH

	Hugh Al	len Cun	ningha	m ,					Dece	mber	23.1	1992	3:44 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	. last birthday)	$\overline{}$	R 1 YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTHP	LACE (State or Foreign
	231-01-9817	1 M 2 □ F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	April		913	Country)	Virginia
- 1	Se. FACILITY NAME (If not institution, give	street and number)			9b. CIT	TY, TOWN OR LOCATION OF DEATH						INTY OF DE	
S.	Suburban Hospita			В	ethe	sda	`		Mo	ntgor	nerv		
DIRECTOR	RESIDENCE OF DECEDENT											iicz j	
2	10e. STATE 10b. COUN		10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland Montgomery						ethe						1   YES 2   NO
₹.	10e. STREET AND NUMBER					101	ZIP CODE				10g. CIT	IZEN OF WI	IAT COUNTRY?
W	7501 Democracy							2081				ted S	States
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT ENFORCES? 1 FYES, GIVE WAR			ARMED NO	13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify eas specify Cuban, Mexican, Puerte Rican, 4  1 ☐ YES 2 ☒ NO Specify:				or No-	14. RACE Black, Specify	American Indian, White, etc.	
	15. DECEDENT'S EL (Specify only highest gra	DUCATION	18a.	DECEDENT'S	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+	)	He. Do NOT us	nork done	) auring mos	SE OF WORKIN	ng .					
COMPLETED	12			Ma	nage	er				Fo	od S	Servi	ce
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	NER'S NA	ME (First, Mid	de, Melden	Sumame)	•	-11 -
BE	James Earl Cunni	ngham					Del	ores	Flet	cher			
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING									
-	Hazel Eileen Cunningham			7501	Den	nocra	су В	lvd.	, #33	6 Bet	hesd	la, MI	20817
	20a. METHOD OF DISPOSITION  1 🂢 Buriel 2 🗆 Cremetion 3 🗋 Removal from State  complain			CE AND DATE	OF DISPO	SITION (Na	me of		DATE	20c. LO	CATION —	City or Tow	n, State
	4 Donation 5 Other (Specify) Par			lawn i	1emo	rial Park 12/26/92 Rockville, Maryland					aryland		
	21. SIGNATURE OF FUNERAL SERVICE			22	. NAME AN	O ADDRE	SS OF FAC	Ch Ro	bert	AP	umphi	ey Funeral and 20814-	
	· Well- E	Bour	C/ I	M00672	₩.	iscon	sin	Aven	ue, B	ethes	sda,	Mary	and 20814-
	23. PART I. Enter the disesses, o shock, or heart failure IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. MASSIV	se on each i	line.							ratory ar	rest,	Approximate Interval Between Onset and Death
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	SEQUENCE OF	F):										
١	PART II. Other significant condition	ons contributing to	death but no	ot resuiting	In the u	inderlying	cause (	given in	Part I. 24	a. WAS AN		24b. 1	WERE AUTOPSY FINDINGS
5					PER			PERFOR	REFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE				
ED									_   ¹	YES 2	⊠ NO		OF DEATH?
N.									-				1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	_				26 DI	ACE OF D	EATH (Ch	ock only one)				
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	EB/Outpution	2 DO4	OTHE	R:							
PHYSICIA	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		28c. INJ		sidence	8 Other (S		NUMBY OC	CHRED	
	1 Natural 5 Pending	(Month, De			IURY M	WO	RK7	¬ NO	ISS. OLGON	IDE NOW I		CORED	
BY	2 Accident Investigation 3 Suicide & Could not b	28a. PLACE OF	F INJURY — AI	t home, farm,	street, fac			7.10	281. LOCATI	ON (Street a	and Numbe	r or Runal Ro	ute Number
	4 Homicide 6 Could not b	building,	etc. (Specify)			•			City or	lown, State)			
	29a. CERTIFIER 1 DERTIFYING PHY	SICIAN: To the best of	my knowledne	death occurs	ad at the	time date	and place	and due	to the owner	le) and mar		and .	
COMPLETED		NER: On the basis of ax											and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF	IER			_		29c. LICE	ENSE NUM	BER		29d. DAT	TE SIGNED (	Month, Day, Year)
BE	P. Talwo	n Mo.					D	365	12		<b>•</b> 1	2/2	3192
임	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUS	E OF DEATH (	ITEM 27) (Type	, Print)		-				,		
	PANYATI TITLL	MR, 1111	9 80	OCKVI	UE	PI	L. S	5017	€ 20	e. R	oca	CVIL	LEMP. 20852
	DEC 28 '92	Sulva Davys	N S SIGNATUR	Mallo									



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9	HOSPITA	FUNERAL D
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	1 - STATE REGISTRAR			MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.			
		eaver	Julia N.	Deaver	2. DATE OF DEATH	3. TIME OF DEATH 3:00 A		
	383200512	1 🗆 M 2 🗡 F	87 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	(Month, Day, Year) 05	BIRTHPLACE (State or Foreign Country)     Pennsylvania		
TOR	9a. FACILITY NAME (If not institution, give		reval .	COUMPIO		HOWAYA		
DIRECTOR	Maryland 106. COUNT	"Howard	10c. CITY, 1	CO UMBI	a	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER	ickory Ru	dge Ri	ad 101. ZIP CODE 2	1044 10g. CIT	USA		
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DÉCEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	13. WAS DECENDENT OF HISP If yes, specify Cuber, Mexi 1 YES 2 NO Specify	ANIC ORIGIN? (Specify Yes or No— lean, Puarto Rican, atc.) ofly:	14. RACE — American Indian, Black, Whita, etc. Specify: White		
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	ille. Do NOT use n	done during most of working	16b. KIND OF BUSINESS/INI			
COMPLET	12 17. FATHER'S NAME (First, Middle, Last) Unavailable		Owner		Tavern NAME (First, Middle, Malden Surname) /ailable			
TO BI	196. INFORMANT'S NAME (Type/Print)  Yvonne Proch				al Route Number, City or Town, State, Zi			
	20e. METHOD OF DISPOSITION  1 XI Burtel 2 Cremation 3 Rer  4 Donation 5 Other (Specify)		b. PLACE AND DATE OF I	DISPOSITION (Name of		City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Rapp Funeral Services, P. A.  933 Gist Avenue Silver Spring, MD 2091  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying, such as cardiac or reapiratory arrest,   Approximate the mode of dying,   Approximate							
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	s. Due to (or as	A CONSEQUENCE OF):	lign	uch as cardisc or respiratory ar	Test, Approximats Interval Betwo		
ERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	dispess		1 say		
MEDICAL CE	PART II. Other algnificant condition	one contributing to deeth		ths underlying ceuse given i	In Part I. 24a, WAS AN AUTOPSY PERFORMEC?  1 □ YES 2(X) NO	24b. WERE AUTOPSY FINDIN AWILLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		28. PLACE OF OEATH ( THER:  Nursing Home 5 ☐ Residence				
PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		F 28c. INJURY AT	26d. DESCRIBE HOW INJURY OC	CURED		
≿	3 Suicide 6 Could not be	28e, PLACE OF INJUR building, atc. (Sp	ty — At home, farm, stre	et, factory, office	28f. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,		
ETED B	4 Homicide determined							
ED B	29a. CERTIFIER (Check only				us to the cause(s) and menner as sta he time, date and piecs, end dus to ti			

Noroco

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. JEGISTRADIS SIGNATURE
GUNA DAVIDAMA PARALERA

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who are the same

al or attending physician. for use as the burial-transit permit. Pages 1, 2, 3 should	TED BY FUNERAL DIRECTOR	579 579 579 579 579 579 579 579 9a. FACILITY NAME (If not institution, gh  Montgomery Get  PESIDENCE OF DECEDENT 10a. STATE 10b. COU  Maryland Montgomery 10a. STREET AND NUMBER 15103 Hazelmere 15103 Hazelmere 15 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  (Specify only highest gr
ay be retained by the hospit page 5 should be detached be notified at once.	TO BE COMPLETED	1.2  17. FATHER'S NAME (First, Miciole, Last)  LINCOLN M  190. INFORMANT'S NAME (Type/Print)  DEBORAH BRADS  200. METHOD OF DISPOSITION
fter death, Page 6 rr the funeral director, oval.		X Burial 2 Cremation 3 Ri 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNE AL SERVICE
ted within 24 hours after completely filled in by the al, cremation, or removal event, the medical		23. PART I. Enter the diseases, of shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)
uires that the death certificate be executed within 24 fours after death, Page 6 m signed by the attending physician and completely filled in by the funeral director, Heath and Mental Hygiene prior to burial, cremation, or removal.  ws any injury, or other traumatic event, the medical examiner must	ICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
e law requires that the chas been signed by the Dept. of Health and Me 123 shows any Injury	AN: MEDICAL	PART II. Other significant conditions of the con
After this certifical death with the St marked, or It	PHYS	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide s Could not be
TO THE HOSPITAL DI ATTENDED TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPONTAIL If Item 28 Is man	E COMPLETED BY	29a. CERTIFIER (Check only) 2 MEDICAL EXAMI
TO THE TO THE De filed	0	William 4. ll

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92 38068 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)
Ann Down: 2. DATE OF DEATH 3. TIME OF DEATH 25 MONTH 12 1130A Downing 1992 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreig 79 **98**–48**–**2685 1 🗌 M 2 💢 F DAYS HOURS YRS ILLINOIS 02/07/34 FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Montgomery General Hospital Olney Montgomery SIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Silver Spring ryland Montgomery 1 YES 2 NO STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 20906 U.S.A. 15103 Hazelmere Court 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or it yes, specify Cuben, Mexican, Puerto Rican, etc.)
 YES Y NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 Marr FORCES? 1 YES 2.
IF YES, GIVE WAR OR DATES 2 Married Specify WHITE 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retred.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade intery/Secondary (0-12) College (1-4 or 5+) BOOKKEEPER FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) LINCOLN MONROE DOWNING MABEL PROUSE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) EBORAH BRADSHAW 2338 LADYMEADE DR. SILVER SPRING, MD 20906 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Burial 2 Cremation 3 Re Donation 5 Other (Specify) CEMETERY GLENWOOD" 12/30/92 Washington, DC SIGNATURE OF FUNE AL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY TAKOMA FUNERAL HOME 254 CARROLL ST NW WASHINGTON, D.C. 20012 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between MEDIATE CAUSE (Finel **Onset and Death** ease or condition\_ DUE TO (OR AS A CONSEQUENCE OF): ulting in death) lan cor mp. quentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): any, leading to immediate use. Entar UNDERLYING USE (Disease or Injury

RT ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.

1 Inpetient 2 ER/Outpatient 3 DOA

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? YES 2 110

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

26. PLACE OF DEATH (Check only one)

1 TYES	. 1

OTHER: ne 5 🗆 Residence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the b

ed at the time, date and place, and due to the cause(s) and manner as stated. STUNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Marris, Day, Mur)

(21	4	1000		-181		- Per	/	Х.	ny	)			
NAME	AND	<b>ADDRESS</b>	OF	PERSON	WHO	COMPLETED	CAUSE	OF	DEATH (	ITEM	27) (	Non.	Print)

HOSPITAL:

8 Could not be

2083

DHMH-16 Rev 1/89

Less the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO THE HOSPITAL OB AT TO THE FUNERAL DIRECT De find - Ithin 72 hours

IMPORTANT: If item

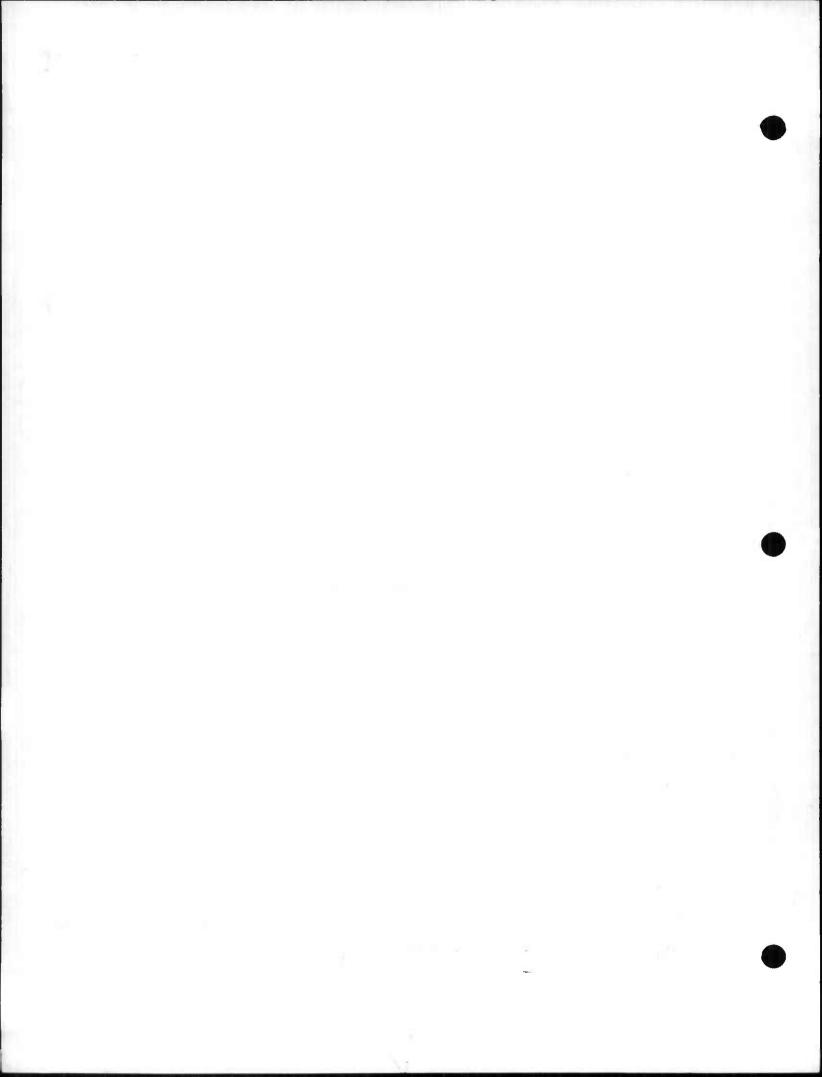
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	FOR 4 STATE	STATE OF MA	ARYLAND	/ DEPAR	TMENT OF	HEALTH A	ND MENT	AL HYGIEN	c		
	1 - STATE REGISTRAR					F DEATH		REG. NO.			
12	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	TE OF DEATH	Y YE	3. TIME OF DEATH	
1	SECRGE ANDRE  4. SOCIAL SECURITY NUMBER	& DOMO	AGE (In vis. In	JR.			12	- 26	0-92	2 3 43 A H	
	198-14-0473	5. SEX 1 € 1 € 1		YRS.	MONTHS DAY	The state of the s	HRS. 7. DAT	TE OF BIRTH	0	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give si		00	S 11.6.	Sh CITY TOW	N OR LOCATION	OE DEATH	12/24	9c. COUNTY	NNSYLVANIA	
BO	HOLY CROSS HO	RITAL.				or spr				GOMERY	
5	RESIDENCE OF DECEDENT	7 + () -					200-		1-1007	curiercy	
DIRECTOR	11.0		,		Y, TOWN OR LO					10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	760MBRY		9	LUCK	SPLANG	-		40- CITITEN	1 YES 2 NO	
FUNERAL	11964 ANDREW	IST				10g. CHIZEN	I/C A				
NO.	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13, WAS	209 DECENDENT OF I		JIN? (Specify Yes	or No.— 14.	RACE American Indian,	
BY F	1 Never Married 2 Married	FORCES? 1 []		NO	If yes	specify Cuben, I	Mexican, Puert			Black, White, etc. Specify;	
	3 Widowed 4 Divorced		II				46			ITE	
TE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a, Di	Sive kind of	USUAL OCCUP	ATION most of working	- 10	6b. KIND OF BUS	SINESS/INDUST	RY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		LES	iw retired.)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		- 0111	100		18. MOTHER	'S NAME (First	, Middle, Maiden	Sumame)		
BE C	GEORGE DOMCH	LCK					ZABETH		LSON		
TO B	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Number or	Rural Route Nu	mber, City or Town	n, State, Zip Cod	le)	
F	ELLEN A. DOMCHICK (WIFE) 11964 ANDREW STREET SILVER SPRING, MD. 20902										
	20a, METHOD OF DISPOSITION 1 \( \text{A Burlal 2} \) Cremation 3 \( \text{Removal from State} \) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelary, crematory or other place)										
	4 Donation 3 Other (Specify)	ENGE / A			EAVEN (	CEMETERY	112	/3dsilv	ER SPR	ING, MARYLAND	
	MAN LO	NSEE	1)_			CIS J. (		S FUNER	AL HOM	E. INC.	
	Menuli	110	tl		500 1	INTVERS	TTY BI	VD. W.	STL SP	R MD 20901	
2	23. PAHT I. Enter the diseases, or c shock, or heart fellure. I	omplications that of let only one cause	coused the de on each line	eath. Do i e.	not enter the	mode of dying	, such aa ca	irdiac or reapi	ratory arreat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	12								Onset and Death	
	resulting in death)		PLUM OR AS A CONSE							2days	
,		da	To	Post	Sin t	17	ation	Sugar	1.	2 /2-00	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (0	R AS A CONSE	OUENGE O	F):	Ty De	W ZOL	osyn	ovun	ne lomos	
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	Car	cino	m	1 00	LLU	ma			7mes.	
	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	OUENCE O	F):		1				
CER											
	PART II. Other algolficant conditions	contributing to d	bath but not	resulting	in the underly	Ing cause give	en In Part I.	24e. WAS AN		24b. WERE AUTOPSY FINDINGS	
200	Colonary	arle	sy L	use	00			PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME										1 YES 2 NO	
ž											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEAT	H (Check only	one)			
PHYSICIAN: MEDICAL	1 VES 2 NO	1 Inpetient 2 - E		1	4 - Nursing H	lome 5 - Resid					
	1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		28b. TIM	URY	INJURY AT WORK?		ESCRIBE HOW IF	IJURY OCCURE	D .	
BY	Accident Investigation  3 Suicide 6 Could not be	28e. PLACE OF	NJURY — At he	ome, farm,		YES 2 N		CATION /Street o	ad Mumbas as D	tural Route Number	
回	4 Homicide 6 Could not be	building, etc	c. (Specify)		,,,			ly or Town, State)	no number of A	brair House Number,	
Ę.	29e. CERTIFIER 1 CERTIFYING PHYSIC	ZIAN: To the best of m	y knowledge, de	ath occum	ed at the time of	ate and place an	d due to the -	mundal mad w			
COMPLETED										use(s) and menner as stated.	
E C	290. SIGNATURE AND TITLE OF CONTINES					29c. LICENS				SNED (Month, Day, Year)	
10 H	144 15		15		TM	7 77		7	A SIG	, , , , , , , , , , , , , , , , , , , ,	

917 1200		1110
NAME AND ADDRESS OF PERSON WHO COMPLE	ETED CAUSE OF DEATH (ITEM 27) (Type	e, Print)

29c. LICENSE NUMBER 5

32. REGISTRAR'S SIGNATURE JAN 04 **93** 



BALTIMORE, MARYLAND 21215-0020

detached

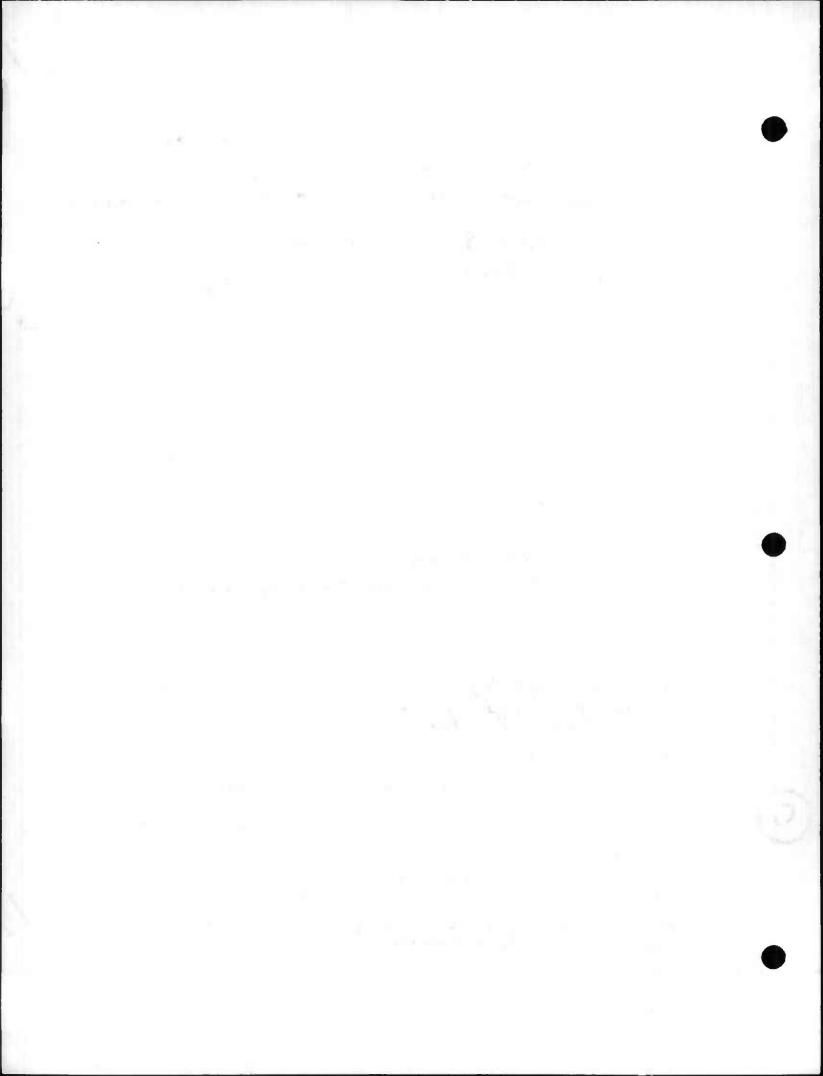
page 5 should be

hours after death. Page 6 may be retained by the hospital or attending physician. director, the funeral been signed by the attending physician and completely filled in by t. of Health and Mental Hygiene prior to burial, cremation, or remo shows any injury, or other traumatic event, the medical executed within PHYSICIAN: The law requires that the death certificate be FUNERAL DIRECTOR: After this certificate has by within 72 hours after death with the State Dept. HOSPITAL

물물을

223

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Goldber YEAR W 9320" Illam 12 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER ! YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1XL2 F 578-10-8490 2 7 -1908 **NEW YORK** Sa. FACILITY NAME (II not institution, give street Dr down No.) OCCUPTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH La m Man Hodron DIRECTOR RINCE 6-eone e RESIDENCE OF DECED 10a. STATE 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY MD reembell 1 YES 2 NO FUNERAL 100. STREET AND NUMBE 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? DMK 20770 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify W. If yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Marri 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only highest grade co (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 4 ACCOUNTANT ACCOUNTING notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ALBERT GOLDBERG FANNY GLICKFIELD BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DOROTHY GOLDBERG 121 ROSEWOOD DRIVE - GREENBELT, MARYLAND 20770 90 20a. METHOD OF DISPOSITION
1 X Burlai 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stats OATE must JUDEAN MEMORTAL GARDENS 12/31 OLNEY, MARYLAND 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF PUHERAL SERVICE LICENSES DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feliure. List only one ceuse on eech line. Interval Between IMMEDIATE CAUSE (Final Onset and Deeth disease or condition resulting in death) 0507 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PHYSICIAN: MEDICAL PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? Ture I YES 2 NO MOJI t TES 2 NO 1 ci NUM 0 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Hem EXAMINER? OTHER: 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) is marked, or 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5/92 5 Pending investiga to 1 YES 2 NO Judg BY 2. Accident 28e. PLACE OF INJURY -- building, stc. (Specify) 3 Suicide COMPLETED 6 Could not be Item 28 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of ath occurred at the time, dats and place, and due to the cause(s) and (Check only one) IMPORTANT: IF 2 MEDICAL EXAMINER: On the b to the cause(s) and manner as stated. Den in Wedner 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 201852 Eagmine 12/30/92 2 4203 Quelusbury Pol 31. DAT JANEO (1074) FGIST AFT SIGNATING



MISION OF VITAL RECORDS, P.O. BOX 68760,

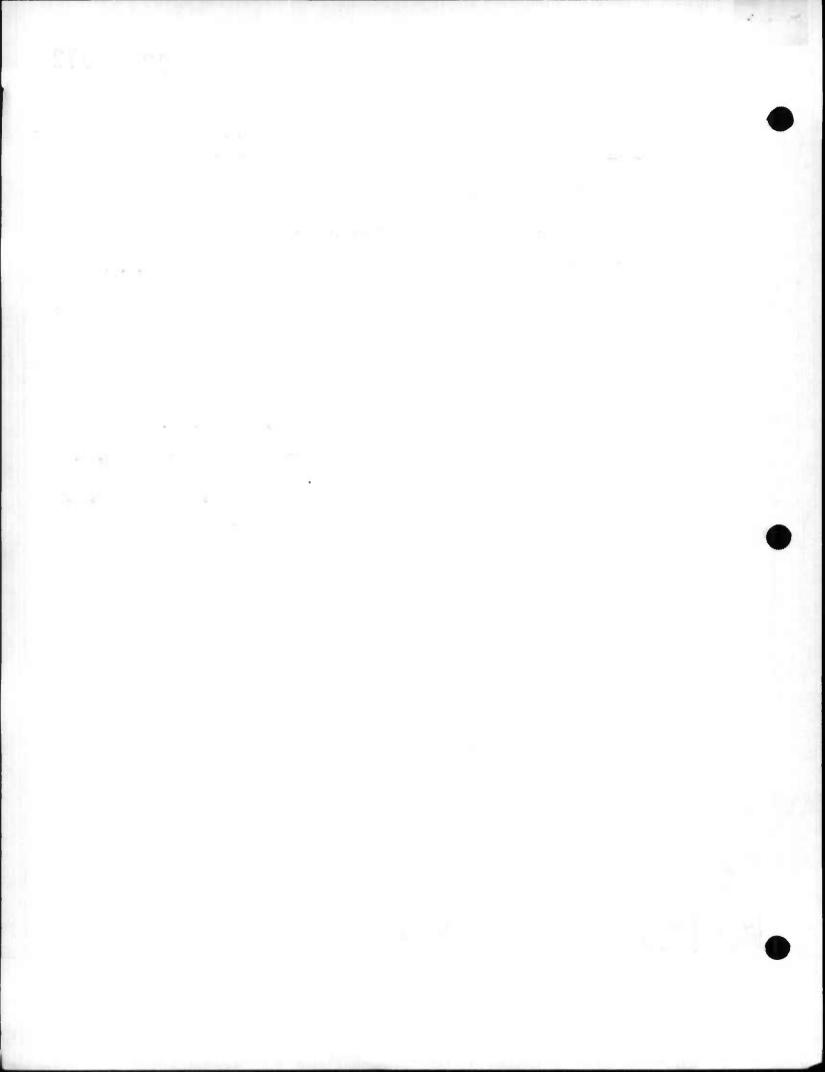
leath. Page 6 may be retained by the hospi	funeral director, page 5 should be detached		xaminer must be notified at once.	
at the death certificate be executed within 24 hours after o	by the attending physician and completely filled in by the	ind melital rygiene prior to buriar, cremation, or removal,	/ injury, or other traumatic event, the medical e	
TO THE HISTORICAN ATTAINING PRINSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE RINK CORPORE After this certificate his two signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	realth and mental hygerie profits of remarks of the profits bunda, cremation, of removal,	IMPORTANT: If them 28 is marked, or frem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
GoLp	2. DATE OF DEATH DAY DECEMBER 31
C OFF	

	FOR 1 - STATE REGISTRAR	STATE OF MARYI	LAND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN					
1	1. DECEDENT'S NAME (First, Middle, L					2. DATE OF DEATH		3. TIME OF DEATH			
- 10	Nathan	Go	40			DECEMBER .	31 . 1992	8:00 AMM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIFT	HPLACE (State or Foreign			
9	055-09-1491	1X M 2 □ F 8	7 YRS.	MONTHS DAYS	HOURS MIN.	JULY 20,19	05 Cour	NEW JERSEY			
	9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN C	A LOCATION OF DE		9c. COUNTY OF				
DIRECTOR	HEBREW HOME OF	Ť	INGTON	ROCKVII	LE		MONTGO	MERY			
H	10a. STATE 10b. CO		1.55	TOWN OR LOCAT	ION			10d. INSIDE CITY _LIMITS?			
		NTGOMERY	RO	CKVILLE				1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	20			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
N	6121 MONTROSE I				20852		UNITED	STATES_			
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN Ictly Cuban, Mexica	NC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14. RAC Bla	CE — American Indian, ck, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES	24 NO Specify	y:	Spe	olly: WHITE			
	15. DECEDENT'S		16a. DECEDENT'S U	ISUAL OCCUPATIO	W	16b. KIND OF BU	SINESS/INDUSTRY				
E	(Specify only highest   Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of we	ork done during mo:	st of working	Total Island Of Bo	SHILESS/HIDOSTH1				
립	11	00.000	GRADER	/MARKER		CLOT	HING	0			
COMPLETED	17. FATHER'S NAME (First, Middle, Last	1)	- Old ID Like	THIRTIN	18. MOTHER'S NA	ME (First, Middle, Maiden					
ш	JOSEPH GOLD				MOLLIE	GLASSER					
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tow	m, State, Zip Code)				
임	RUTH DREYFUSS		10957	DEBORAH	DRIVE -	POTOMAC,	MARYLAND	20854			
	20s. METHOD OF DISPOSITION 12 Burlal 2 Cremation 3	20	b. PLACE AND DATE OF	F DISPOSITION (Na	me of	DATE 20c. LO	CATION City or 1				
	4 Donation 5 Other (Specify)	K.	ING "DAVID"	MEMORIA	L GARDEN	1/3 FA	LLS CHUR	CH, VIRGINIA			
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME AN	D ADDRESS OF FA	DBERG MEMO	DTAI CUA	DELC INC			
	► ¥ > 1 / 1 / 1	Harn						MD. 20852			
	23. PART i. Enter the diseases,		d the death. Do no								
	snock, or heart falk	ure. List only one cause on o	each line.	t cirtor the mo	so or dynig, such	ir sa cerdiac or resp	natory arrest,	Approximate Interval Between			
	iMMEDIATE CAUSE (Final disease or condition	Asthis .	= 0	/-	ed-	D	-	Onset and Death			
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF		HEART DISEASE YEAR						
_											
흔	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:							
3	cause. Enter UNDERLYING CAUSE (Disease or injury	6									
Ε	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)								
CERTIFICATION	resulting in death) LAST	d									
	PART il. Other significant cond	itions contributing to death i	but not requiting in	the underlying	ceura alvan in	Part I. 24s. WAS AN	ALITTORICY 04	b. WERE AUTOPSY FINDINGS			
SAL		ALZHE!		T V	De T	PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE			
	Dence in 194	11601161	MERS			1 🗆 YES 2	! □ NO	OF DEATH?			
2								1 TYES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICA	M [									
ᅙ	EXAMINER?	HOSPITAL:		QTHER:	ACE OF DEATH (Chi						
¥ I	27. MANNER OF DEATH	1 inpetient 2 ER/Out	28b. TIME			6 Other (Specify)  28d. DESCRIBE HOW I	N HIM OCCUPED				
	1. Natural 5 Pending	(Month, Day, Year)	INJU	RY WO		204. DESCRIBE NOW I	NJOHT OCCURED				
B	2 Accident Investigat 3 Suicide & Could not	28a, PLACE OF INJURY	Y — At home, term, at		2.5	28f. LOCATION (Street	and Number or Revel	Bouto Number			
쁘	4 Homicide 6 Could not determine	Dunging, etc. (S06	icify)	111500		City or Town, State)		The Harrison,			
4   Homicide detarmined building, etc. (Specify)  29a. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.  (Check only one)  MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and											
₹∥											
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and man											
W	296. SIGNATURE AND TITLE OF CERT	7	MAI		29c. LICENSE NUM	ABER COL	29d. DATE SIGNE	D (Month, Day, Year)			
ဍ	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED OFFICE	wij)		V03	000	10/8	1/92			
	STEILEN I	PSON 6		ONTEC	KE A	AD A	DCKILL	LE, MD			
}	31. DATE FILED (Month Car Mari	,		MILL	DO F	core, in		, co , coup			
31. DATE FILED (Month, Day, 1681)  32. REGISTRAR'S SIGNATURE  Funa Savidra Adams 18											

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
			1	RTIFICATE	0	E DEAT	H		DEO	NO

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN							
11	1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME	OF DEATH				
1 3	Esther, Gana	OY ESTHER	ADAMS GA	DDY		MONTH 3	า๊ ตั	EAR 2	5:45/A"				
	4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (SI					
	220-07-4477		75 YRS.		1.5	4/18/17		Mary1	and				
·	9e. FACILITY HAME (If not institution, give s		4		OR LOCATION OF E	DEATH	9c. COUNTY						
DIRECTOR	Howard County G	eneral hospi	.taı	Columb	ola		How	ard					
REC	10a. STATE 10b. COUNT			TY, TOWN OR LOCA				10d, INSI	DE CITY				
		vard		Ellicott	City			1 TYES	S 2 NO				
3AL	100. STREET AND HUMBER	4		10	Of, ZIP CODE			OF WHAT COU	HTRY?				
FUNERAL	10107 Frederick		- 111		21043			S.A.					
5	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEOENT EVER I FORCES? 1 YES	2 NO	If yes, sp	pecify Cuban, Mexic	ANIC ORIGIN? (Specify Yes	B or Ho- 14.	RACE — Americ Black, White, at	sen Indian, tc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1   YES	S 2 HO Spec	tty:		Specify:	White				
8	15. OECEDENT'S EDU	UCATION	16a. DECEOENT'S	S USUAL OCCUPATI	ION	16b. KIHD OF BU	SIHESS/IHDUST						
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me use retired.)	ost of working								
M M			Housew	ife									
8	17. FATHER'S HAME (First, Middle, Lest)				1	IAME (First, Middle, Meiden	Sumame)						
BE	John LaVinka					LeiPold							
2	190. INFORMANT'S NAME (Type/Print)  Loretta Drab					Annual Rumber, City or Tow							
						Pasadena,							
	20s METHOD OF DISPOSITION 1 Description 3 Rem	noval from State 201	The lery, crematery or of	of DISPOSITION (N	isme of	1/3/93 E11	CATION — City	or Town, State	1				
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUHERAL SERVICE LIC	ICEHSEE	GOOD DITE	PITEL OF	IND ADDRESS OF F	T(2/22 ETT	1COLT	City, Mo					
	► 7). ·	21 11 14	0			ZKE FUNERAL							
	Marry 1	H. Wille	_	4112 01	d Columb	oia Pike,El	licott	City, M	fd.21043				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between												
	IMMEDIATE CAUSE (Final V												
	resulting in death)	a. Mute 1	1140 COLC	Lal I	ntarch	ion		6	hours				
	DUE TO (OR AS A CONSEQUENCE OF):												
O	Sequentially list conditions, if any, leading to immediate	Sequentially list conditions,											
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	Huppete	Cosion					l y	ews				
E	that initiated events	OUE TO (OR AS	A CONSEQUENCE O	<i>I</i> F):									
CERTIFICATION	resulting in death) LAST	d											
AL C	PART II. Other aignificant condition	na contributing to deeth	but not resulting	in the underlyin	ng cause given in	n Part I. 24s, WAS AN		24b. WERE AUT	TOPSY FINDINGS				
. ⊴				00.00 000 00		PERFO	RMED?	AVAILABLE	E PRIOR TO ION OF CAUSE				
FEDIC						1 TYES 2	: Dano	OF DEATH	17				
≥ :								1 🗆 160	2   HO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	theck only one)							
Sic	1 TYES 2 LING	HOSPITAL: 1   Inpatient 2   Pri/Out	ipatient 3 DOA	OTHER:	me 6 Residence	6 Other (Specify)							
E	27. MANHER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)		ME OF 28c, INJ	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED					
BY I	1 Accident 5 Pending 2 Accident Investigation				YES 2 HO								
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm,	street, factory, offic	00	281. LOCATION (Street of City or Town, Stete)	and Number or F	Rural Route Numb	er,				
L.													
COMPLETED		SICIAN: To the beat of my know											
Į į	2 MEDICAL EXAMINE	ER: On the basis of examination	in end/or investigation	on, in my opinion, o	death occured at the	e tima, date and place, en	id due to the ce	use(s) end mane	nor es atated.				
BE (	296. SIGNATURE AND TITLE OF CERTIFIES	IR m			29c. LICENSE NU	JMBER	29d. DATE SK	GNEO (Month, De	ty, Year)				
6	Yruac. XING	4 mb			MOH D	137155	121	31/92					
	30. NAME AND ADDRESS OF PERSON WAS	10 COMPLETED CAUSE OF DE		a tu ×ent	L DY	Coli	1 . ,	no	) 0///				
	31. DATE FILED (Month, Day, Mair)	3. REGISTRAR'S SIGN		()MACONI	Tru	Colum	1014	11.37	2.044				
1 1	JAN U J 30	Tomas was toward	and I want										



permit. Pages 1, 2, 3 should

DIRECTOR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street agd

10b. COUNTY

St. Mary's

S. SEX

1 M 2 X F

69

4. SOCIAL SECURITY NUMBER

086-14-2013

Maryland

100. STREET AND NUMBER

Rt. 1 Box 267K

31. DATE FILED (Month, Day, Year)

BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2	2 XNO	Il yes, s	CENDENT OF HISPA poolity Cuban, Maxic S 2 NO Speci	en, Puerto R	? (Specify Yes or No-	14. RACE — America Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	Iffe Do MOT use estimal)				16b.	KIND OF BUSINESS/IN Home	DUSTRY
E COM	12th Crade 17. FATHER'S NAME (First, Middle, Last) Frank	Ciar	dul		.re	16. MOTHER'S NA Ermini		iddle, Melden Sumeme) Aulet	ta
TO B	19a. INFORMANT'S NAME (Type/Print)  Louis Grande							or, City or Town, State, Zi Park, Mar	
	20a, METHOD OF DISPOSITION  1  Burlal 2  Cremation 3 Re 4  Donation 8  Other (Specify)	moval from State	cemeter	ACE AND DATE OF C ry, crematory or other Raymond	plece)		DATE		New York
	21. BIGHATURE OF FUNERAL SERVICE	Alan	les	ili	Mattir P.O.	igley-Gar Box 270,	diner Leon	Funeral lardtown, l	Maryland
	23. PART /. Entar the diseases, o shock, or heart failure immediate Cause (Final disease or condition resulting in death)	sDUE TO (OR	AS A CO	INSEQUENCE OF):	antar tha m	oda of dying, suc	ch aa cardi	ac or reapiratory ar	Test, Apprinten Onse
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	m			NONA		rtenja remia	
: MEDICAL C	PART II. Other eignificant condition	one contributing to dee				ng ceuse given in		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PHO	24b. WERE AUTO MAILABLE I COMPLETIO DF OEATH?  1 YES
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	/Outpatle		THER:	PLACE OF DEATH (C)			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU	JRY	28b. TIME O	F 28c. IN	JURY AT ORK? YES 2 NO		CRIBE HOW INJURY OC	CURED
	3 Suicide 8 Could not be determined	26a. PLACE OF IN. building, atc.	JURY — (Specify)	At home, farm, stre	et, fectory, offi	ca	281. LOCA City o	TION (Street and Number Town, State)	r or Rural Route Number
COMPLET		SICIAN: To the best of my I							
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	an 1	w	)		29c. LICENSE NU D 362		29d. DAT	E SIGNED (Month, Day,
	30. NAME AND ADDRESS OF PERSON W	TA M	F OEATH					nd 2	

32. REGISTRAR'S SIGNATURE

Navidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION Lexington Park

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

20653

92 38073

8. BIRTHPLACE (State or Foreign

1 YES 2 NO

20653

20650

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 | YES 2 | NO

14. RACE — American Indian, Black, White, atc.

New York

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

U.S.A.

and due to the cause(a) and manner as stated 29d. DATE SIGNED (Month, Day, Year)

REG. NO.

1923

2. DATE OF DEATH )ec

7. DATE OF BIRTH (Month, Day, Year) Apr. 18,

DHMH-18 Rev 1/89

	Should
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	. Pages 1, 2,
	permit.
physician.	should be detached for use as the burlal-transit permit. Pa
2	the state
8	as
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Page 6 may be retained by the hospital or attending ph	detached 1
37.1	8
be retained by the	n by the funeral director, page 5 should be detached
9	60
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death. F	funeral
Ther	the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

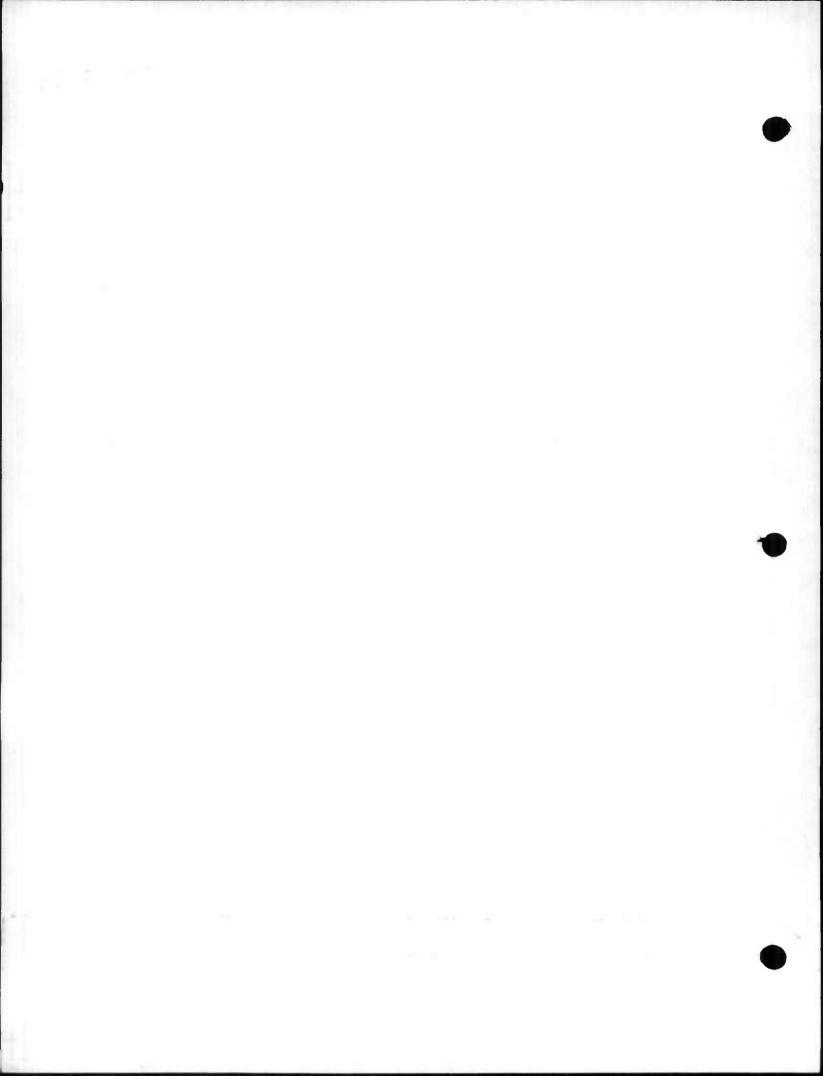
ROBERT L. GO
31. DATE FILED (MONTH, Day, Year)
JAN 04 '93

GOLD, MD

15225 SHADY GROV 32, REGISTRAR'S SIGNATURE Julia Davidson Randall

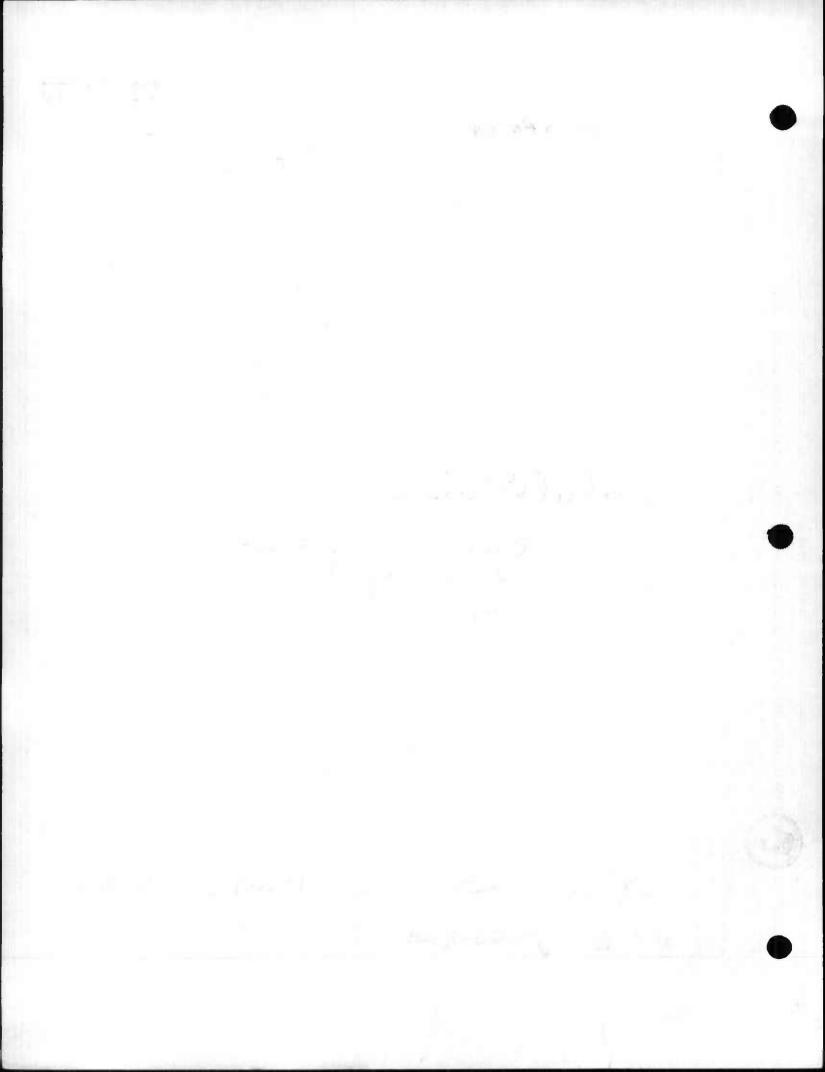
	1 - FOR STATE OF M		TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	92	38074
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN HARTMAN  4. SOCIAL SECURITY NUMBER  5. SEX	L. HARTMA		2. DATE OF DEATH DAY	9 92	6:00 p
	578-12-1311 1 M 2 F	7.2 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)  MAY 5. 19	Cou	NTHPLACE (State or Foreign unity) SHINGTON DC F DEATN
TOR	MONTGOMERY GENERAL I	HOSPITAL	OLNEY		MONTG	OMERY
DIRECTOR	MARYLAND MONTGOMERY		Y, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND MONTGOMERY  106. STREET AND NUMBER	RC	OCKVILLE 101. ZIP CODE	1	10g. CITIZEN O	1 VES 2 NO
FUNERAL	15303 MANOR VILLAGE L		208		USA	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAS	EVER IN U.S. ARMED  YES 2 NO R OR DATES	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 YES 2 NO Specif	an, Puerto Rican, etc.)	Bt	ACE — American Indian, ack, White, etc. pecify: WHITE
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLET	Elementary/Secondary (0-12) Coffege (1-4 or 5 +)		e retired.)	C & P T	יבי בסעטו	J.F.
NO.	17. FATHER'S NAME (First, Middle, Last)	INDIALL		AME (First, Middle, Maiden S		VE.
BE (	JOHN J. HARTMAN  190. INFORMANT'S NAME (Type/Print)		FLOREN		TRESS	
임	ELIZABETH A. HARTMAN		ADDRESS (Street and Number or Rural MANOR VILLAGE L.			
	20e. METHOD OF DISPOSITION  11/2 Burlal 2 Cremation 3 Removal from State		OF DISPOSITION (Name of		CATION — City or	
	4 Donation 5 Other (Specify)		EAVEN CEMETERY 22. NAME AND ADDRESS OF F		VER SPI	RING, MD
	Sutt L. Com		FRANCIS J. CO 500 UNIVERSIT	LLINS FUNER Y BLVD., W.	, SIL.	E, INC. SP., MD 2090
	23 PART I. Enter the diseases, or complications that shock, or heart failure. List only one ceus	caused the death. Do no on each line.	ot enter the mode of dying, suc	ch aa cardiac or respir	ratory arrest,	Approximate interval Between
	immediate cause (Final disease or condition resulting in death)	OR AS A CONSEQUENCE OF	idiae Ara	est		Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF	y Deas		_	
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	OR AS A CONSEQUENCE OF	j:			
MEDICAL C	PART II. Other significant conditions contributing to decrease the second secon	eath but not resulting in	n the underlying cause given in	Part I. 24e, WAS AN A PERFORE 1   YES 2	WED?	1 24b. WER AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	7		3			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO HOSPITAL:	ER/Outpatient 3 DOA	26. PLACE OF DEATN (C/OTHER: 4  Nursing Home 5  Residence			
	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF II (Month, Day	NJURY 28b. TIME	E OF 28c. INJURY AT	28d. DESCRIBE NOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF building, e	INJURY — At home, ferm, s c. (Specify)	treet, factory, office	26f. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of many one) 2 MEDICAL EXAMINER: On the basis of axa					e(s) and manner es stated.
BE	206. SIGNATURE AND TITLE OF CERTIFIER	lum	29c. LICENSE NU			ED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	Print)			

SHADY GROVE ROAD, #201, ROCKVILLE, MD 20850



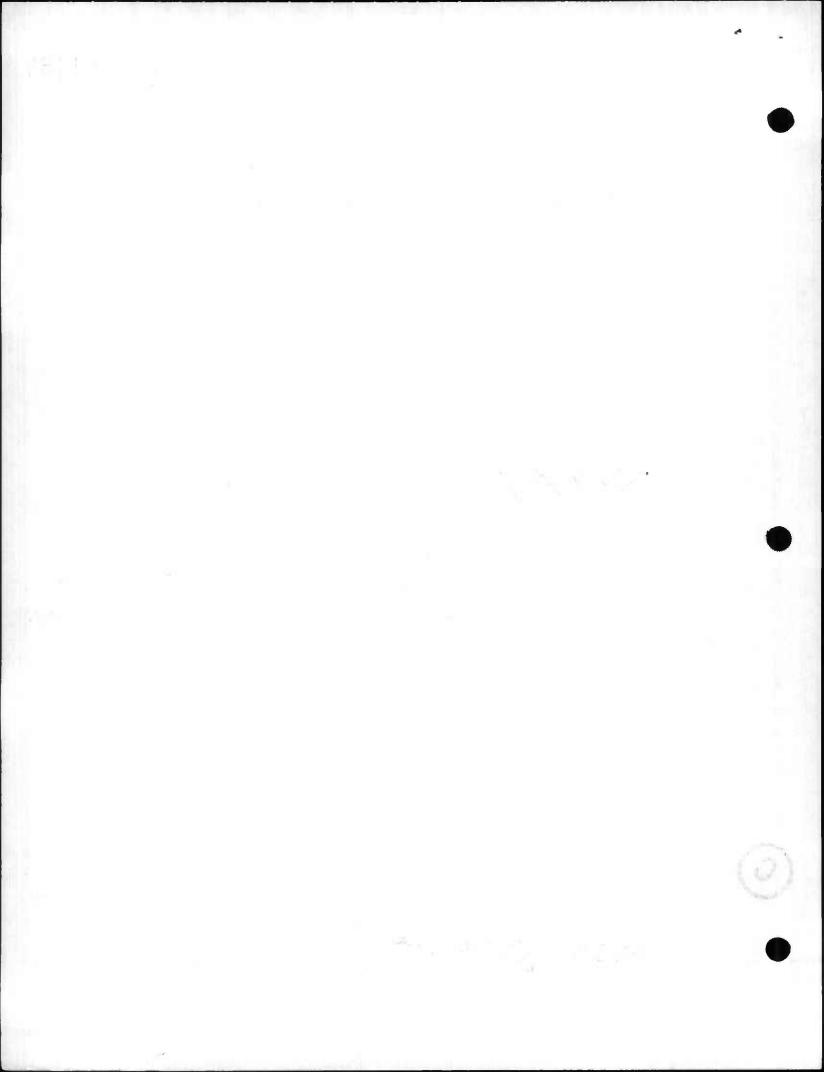
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TO THE MOST ALL OF PERIODING PRESICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by t	TO THE FORMAL OF CITUR AND CONTINUED TO CONTINUE TO SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOULD BE	be filed within 72 hours shart death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	STATE OF MARY		MENT OF HEALTH A		YGIENE 9	2 38075
DA	No. LOST) - David Anth			2. DATE OF E		S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER NOne 9a. FACILITY NAME (If not institution	on, give street and number)	O YRS. M9	b. CITY, TOWN OR LOCATION	Min. (Month, Day Dec. OF DEATH	30. 1992 sc. COUNTY	
Holy Cross Ho	ENT		Silver Spri	ng	Mon	tgomery
MD	Montgomery		aton			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	Mill Road		101. ZIP CODE 20906		100	S.A.
11. MARITAL STATUS  1 XNever Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	S 2 XNO	13. WAS DECENDENT OF I If yea, specify Cuben, I YES 2 ANO			. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION est grade completed)  College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	16b. KINI	D OF BUSINESS/INDUS	TRY
0	0	None			one	
17. FATHER'S NAME (First, Middle, I Scott A. John				rs NAME (First, Middle ristine Bi		
190. INFORMANT'S NAME (Typo/Pri			ORESS (Street and Number or Viers Mill R	Rural Route Number, C	ity or Town, State, Zip Co	0906
20a. METHOD OF DISPOSITION 1  Burial 2  Cremetion 3 4  Donation 5  Other (Special		Ob. PLACE AND DATE OF D emetery, crematory of other MC. COMIOI	DISPOSITION (Name of Crematory	DATE 1/5	20c. LOCATION — CH	Contract Contract
21. SIGNATURE OF FUNERAL SER	NICE LICENSEE	lam	Joseph Gawl			on,DC 20016
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS		nary An	rest		Interval Batween Onset and Daath
CAUSE (Disease or injury that initiated events resulting in dasth) LAST	d					
that initiated events resulting in dasth) LAST	d	but not resulting in ti	he underlying ceuse giv		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
that initiated events resulting in dasth) LAST  PART It. Other aignificant co	DICAL	but not resulting in ti	he underlying ceuse give	10	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in dasth) LAST  PART it. Other algnificant co				N (Check only one)	PERFORMED?  YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART It. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendin	HOSPITAL:  1 \( \tilde{\Delta} \) Inpatient 2 \( \tilde{\Delta} \) EPVOU  28e. DATE OF INJURY (Month, Day, Year)	Atpatient 3 DOA 4 C	28. PLACE OF DEAT THER:  Nursing Nome 5 Resid	N (Check only one)  enca 8 Other (Spe 28d, DESCRIB	PERFORMED?  YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART It. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendir	DICAL  HOSPITAL:  1  IA Impatient 2  ER/Ou  28e. DATE OF INJURY (Month, Day, Year)  Inot be  28e. PLACE OF INJUR building, etc. (So	stpatient 3 DOA 4 C	28. PLACE OF DEAT THER: Nursing Nome 5 Resid F 28c. INJURY AT WORK? M 1 YES 2 N	IN (Check only one) enca 8 Other (Spe	PERFORMED?  YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendir Invests 2 Accident 3 Suicide 6 Could detarm  29s. CERTIFIER (Check only 1 CERTIFYING	DICAL  HOSPITAL:  1 (A) Inpatient 2 = ER/Ou  28e. DATE OF INJURY (Month. Day, Veer) (Month. Day, Veer)  1 (See PLACE OF INJURY building, etc. (Sp.	ritpetient 3 DOA 4 CT 28b. TIME OF INJURY  RY — At home, farm, stree ecity)  wiedge, death occurred at	28, PLACE OF DEAT THER: Nursing Nome 5 Resid F 7 28c. INJURY AT WORK? M 1 YES 2 N pt, factory, office	IN (Check only one) ence 8 Other (Spe 28d, DESCRIB 0 28f, LOCATION City or Tou	PERFORMED?  YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  Rural Route Number,
PART II. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendir Invests 2 Accident 3 Suicide 6 Could detarm  29s. CERTIFIER (Check only 1 CERTIFYING	HOSPITAL:  1 (Z) Inpatient 2   EP/Ou  28e. DATE OF INJURY (Month, Day, Year)  1 gatton  28e. PLACE OF INJURY building, etc. (Sp  1 physician: To the best of my kno  EXAMINER: On the basis of examination	ritpetient 3 DOA 4 CT 28b. TIME OF INJURY  RY — At home, farm, stree ecity)  wiedge, death occurred at	28, PLACE OF DEAT THER: Nursing Nome 5 Resid F 7 28c. INJURY AT WORK? M 1 YES 2 N pt, factory, office	IN (Check only one)  ence 8 Other (Spe 28d, DESCRIB  O 28f, LOCATION City or Tou  at the time, date and	PERFORMED?  YES Z NO  NO  NOITY)  E NOW INJURY OCCUR  (Street and Number or ivn, State)  and manner as stated, place, and due to the c	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  Rural Route Number,
that initiated events resulting in death) LAST  PART it. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  1	HOSPITAL:  1 (Z) Inpatient 2   EP/Ou  28e. DATE OF INJURY (Month, Day, Year)  1 gatton  28e. PLACE OF INJURY building, etc. (Sp  1 physician: To the best of my kno  EXAMINER: On the basis of examination	ritpatient 3 DOA 4 Part   28b. TIME Of   1NJURY   RY — At home, farm, stree   28c. Time of   28b. Time of   4 Constant of   28b. Time of   4 Constant of   28b. Time of   28b. Time of   28b. Time of   4 Constant of   28b. Time of	28. PLACE OF DEAT THER:  Nursing Nome 5 Resid F 28c. INJURY AT WORK? M 1 YES 2 N elt, factory, offica	IN (Check only one)  ence 8 Other (Spe 28d, DESCRIB  O 28f, LOCATION City or Tou  at the time, date and	PERFORMED?  YES Z NO  NO  NOITY)  E NOW INJURY OCCUR  (Street and Number or ivn, State)  and manner as stated, place, and due to the c	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO BE HISPIAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a	THE FUNCEN, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to the Table of the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF I			TMENT OF			ENTAL HYGIEN REG. NO	E	32 38076
	1. DECEDENT'S NAME (First, Middle, Lest)				TONIE OF	DLA		DATE OF DEATH		3. TIME OF DEATN
	alice :	JOSEPHII	NE.		Knot	4		12 - 23	- 9	5 6:11 am
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS. 7	DATE OF BIRTH		8. BIRTHPLACE (State or Foreign
	215-52-9993	1 🗆 M 2 😾 F	89	YRS.	MONTHS DAYS	HOURE	MIN.	(Month, Day, Year) OV . 25 . ]	1903	Country) MARYLAND
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATE				NTY OF DEATN
DIRECTOR	ST MOSUS	Xlas	o, tal		Leon	ard.	taer	)	St	-mary's
H	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
		MARY'S			ST. INIC					1 - YES 2 1 NO
FUNERAL	100. STREET AND NUMBER GENERAL DELIVERY				10	1. ZIP CODI	_			TED STATES
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS DE	CENDENT C	F HISPANIC	ORIGIN? (Specify Yes		14. RACE — American Indian, Black, White, etc.
	1 Never Merried 2 Merried 3 Wildowed 4 Divorced		YES 2 X	10		2 NO		Puerto Rican, stc.)		Black, White, etc.  Specify:
BY	3 M Middwed 4 Divorced									WHITE
ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ve kind of i	USUAL OCCUPATI	ON ost of workin	107	16b. KIND OF BUS	SINESS/INC	DUSTRY
Ä	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us	A Marie .					
COMPL	10		H	OMEM	AKER	,		1		
	17. FATHER'S NAME (First, Middle, Lest)					18. MOTH	HER'S NAME	(First, Middle, Maiden	Sumeme)	
BE	JOSEPH CLARENCE	TAYLOR						E ROSALIE		
2	19a. INFORMANT'S NAME (Type/Print)							te Number, City or Tow		
	MARGARET A. MCMU	RRAY					ST.	INIGOES		
	1 N Buriel 2 □ Cremation 3 □ Rem	oval from State	cemetery, cre	matory or o	OF DISPOSITION (N ther place)	ame of			CATION —	City or Town, Stata
	4 Donation 5 Other (Specify)	de 1	STAM	ICHA					DGE,	MARYLAND
	- CHAUN,	BUN			BRINS	FIEL	D FUN	ERAL HOME	2	
	EDWARD N. BR									ONARDTOWN, MD
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Caro	(OR AS A CONSECUTION AS	AJENCE OF	17h	ho	ml	Pure		Interval Between Onpet and Death
쁜	that initiated events reaulting in death) LAST	DUE TO	(OR AS A CONSEC	ILIENCE O	4					
E	Tenditing in death) LAST	4								/
	PART II. Other algnificent condition	a contributing to	death but not r	eaulting i	n the underlyin	g cause g	iven in Pa	rt I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.000000	PERFOR	31	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME									4	OF DEATH?
										NA
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DI	EATN (Check	only one)		
Sic	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ne 5 🗆 Re	sidence 8	Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH  TO Netural 5 Pending Investigation	28e. DATE OF (Month, D		26b. TIM	E OF 28c. IN.	URY AT DRK?	26	d. DESCRIBE NOW I	NJURY OC	CURED
ED BY		28a. PLACE O building,	F INJURY — At horetc. (Specify)	me, ferm, s	treet, factory, offic	•	26	Sf. LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,
	29a. CERTIFIER									
COMPLETE								the cause(a) and man e, data and place, an		led. ne ceuse(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	P	arlo		110	29c. LICE	NSE NUMBE	419	29d, DAT	E SIGNED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITEM	27) (Type,	Print		0	1//		NO TIME
	tatrick J	ar/00	e 111	.1).	Le	200	d	town		
	31. DATE FILED (Month, Day, Year)	Selia D	avidson-Rom	dell						
الــــا	47.0 1/2			_						DHMH-18 Rev 1/8

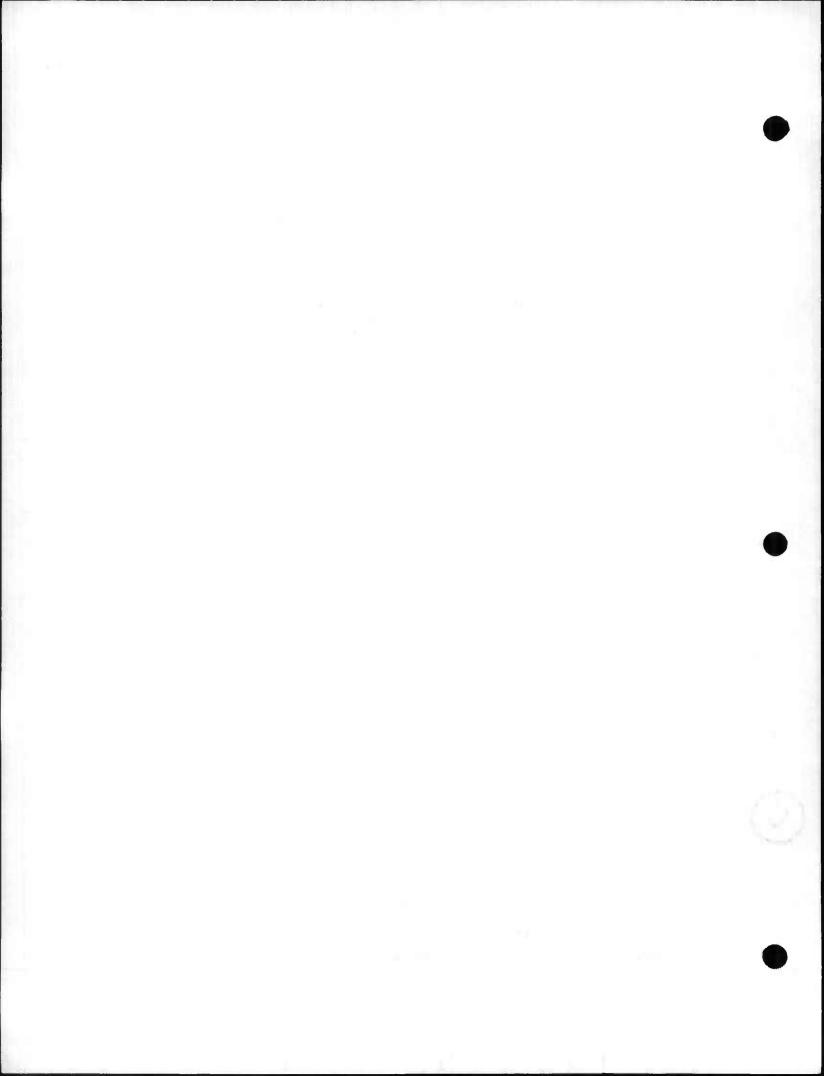


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	1. DECEDENT'S NAME (First, Middle, Las	st)						DATE OF DEATH	AY .	ZEAR 3. TH	NE OF DEATH
	Annamaria	Lutor						12 31	92	EAR 3. TH	6:23 1
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthd	MONTHS	DAYS	IF UNDER	MIN.	Month, Day, Year)		Country)	(State or Foreign
	236-64-0859  9s. FACILITY NAME (If not institution, give		66 YR					T.19,19		UNGARY	
Œ	Montgomery G		spital		)ln		ON OF DEATH		Mor	of DEATH	ery
CTOR	RESIDENCE OF DECEDENT								<u> </u>		
DIRE	10a. STATE 10b. COU		10c.	CITY, TOWN O	R LOCAT	ION				10d. I	NSIDE CITY JMITS?
	MARYLAND MON	TGOMERY		ROCKV							YES 2 NO
ERAL	4240 NORBECK ROA	D			:101	ZIP CODE			10g. CITIZE	N OF WHAT C	OUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. 1	MS DEC	208		RIGIN? (Specify Yes		SA BACE A	nerican Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR		1	yes, spe	ecify Cuba		erto Rican, etc.)		Black, White Specify:	o, etc.
BY	3 Widowed 4 Divorced					- W 110	цовску.			WHITE	
ETED	15. DECEDENT'S EI (Specify only highest gra	DUCATION ade completed)	16a. DECEDEN (Give kind	of work done of			19	16b. KIND OF BU	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	SECRET	Tuee retired.) ADV / TrT	EVC	סשטוו		DECIDE	NTTAI	CONTER	RUCTION
COMP	17. FATHER'S NAME (First, Middle, Last)	3	SECKET	AKI/II	EAS					CONST.	RUCTION
EC	FERENC VARG	Δ .						First, Middle, Maiden		777	
m	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAIL	ING ADDRESS	(Street a		ARIA or Rural Route	Number, City or Tow	HORVAT		
5	LESLIE LUTOR	(HUSBAND						ILLE, MA			5.2
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Re		206. PLACE AND DA	TEDF DISPOS					CATION - CH		
	4 Donation 5 Other (Specify)	emoval from State	GATE OF	HEAVE	CE	METE	RY 1	/4 SILV	ER SPI	RING.M	ARYLAN
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22,	ANC	D ADDRE	SS OF FACILIT	INS FUNE	PAT U	OME T	NC
	I liment hur	L'and	0 1	50	00 U	NIVE	RSITY	BLVD.,W.	OTI C	DIE, I	D 2000
	23. PART I. Enter the diseases, o	r complications that ca	used the deeth. D	o not enter	the mo	de of dyl	ing, such as	cardiac or resp	ratory arres	t,	Approximata
	shock, or heart griun	e. List only one ceuse	on each line.								Interval Betwo
	disease or condition resulting in death)	. C	ar die	1100	- Cu	las	_	200	250		
	Towarding in Geoding	DUE TO (OF	AS A CONSEQUENCE	E OF):							
Z	Sequentially liet conditions,	b									
CATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (DR	AS A CONSEQUENCE	E OF):							
2	CAUSE (Disease or Injury	C	AS A CONSEQUENCE	00.					_		
RTIF	that initiated events resulting in death) LAST	502 10 (011	AS A CONSEGUENCE	- OF).						j	
8		_ d,									
4	PART II. Other significant conditi	ona contributing to de	eth but not resulting	ng in the un	derlying	cause g	given in Part	i. 24s. WAS AN PERFOR			AUTOPSY FINDIN
5								1 TYES 2	□ NO	COMP OF DE	LETION OF CAUS
DICA										10	YES 2   NO
MED											IES Z   NO
AN: MEDICAL											1E3 2   NO
MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,	ОТНЕВ		ACE OF D	EATH (Check o	nly one)			TES Z NO
YSICIAN: MED	EXAMINEA?	1 - Inpetient 2 - EF		1	: ing Hom	5 🗆 Re		nly one) Other (Specify)			123 Z   NO
PHYSICIAN: MED	EXAMINER?  1 WES 2 ND  27. MANNER OF DEATH		URY 28b.		: Ing Home 28c. INJI WO	■ 5 □ Re URY AT RK?	sidence 8 🗆		NJURY OCCU	RED	125 2   110
BY PHYSICIAN: MED	EXAMINER?  1 PES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1   Inpatient 2   FF	URY (58b.	A 4 Num	: Ing Home 28c. INJI WO 1 Y	FROM STREET OF THE STREET OF T	eldence 8 28d	Other (Specify)			
ED BY PHYSICIAN: MED	EXAMINER?  1 PES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending	1   Inpatient 2   FF	URY 28b.	A 4 Num	: Ing Home 28c. INJI WO 1 Y	FROM STREET OF THE STREET OF T	eldence 8 28d	Other (Specify)			
ED BY PHYSICIAN: MED	EXAMINER?  1 VES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	URY 28b.  URY — At home, fam. (Specify)	TIME OF INJURY M	: Ing Home 28c. INJI WO 1 Y	S G Re	28d 28d 28d	Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)	and Number or	Rural Route N	
ED BY PHYSICIAN: MED	EXAMINENT 1 VES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	28a. DATE OF INJ (Month, Day, 1) 28a. PLACE OF IN building, etc.  //SICIAN: To the best of my	URY 28b.  JURY — At home, fan (Specify)  knowledge, death occ	TIME OF INJURY M	28c. INJI WO 1 Y ry, office	o 5 Re URY AT RK? 'ES 2	NO 28f.	Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)	and Number or	Rurel Route N	umber,
ED BY PHYSICIAN: MED	EXAMINER?  1 VES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER  1 CERTIFYING PHY ONE)	28a. DATE OF INJ (Month, Day) 28a. PLACE OF INJ building, etc.  VSICIAN: To the best of my NER: On the basis of exami	URY 28b.  JURY — At home, fan (Specify)  knowledge, death occ	TIME OF INJURY M	28c. INJI WO 1 Y ry, office	o 5 Re URY AT RK? 'ES 2	NO 28f.	Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)	and Number or	Rurel Route N	umber,
D BY PHYSICIAN: MED	EXAMINENT 1 VES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	28a. DATE OF INJ (Month, Day) 28a. PLACE OF INJ building, etc.  VSICIAN: To the best of my NER: On the basis of exami	URY 28b.  JURY — At home, fan (Specify)  knowledge, death occ	TIME OF INJURY M	28c. INJI WO 1 Y ry, office	end place,	NO 281.  and due to the time, ENSE NUMBER	Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)  e cause(e) and mat date and place, and	and Number or more as stated d due to the o	Rurel Route N	umber,

32. REGISTRAR'S SIGNATURE
Lika Savidson Randasse



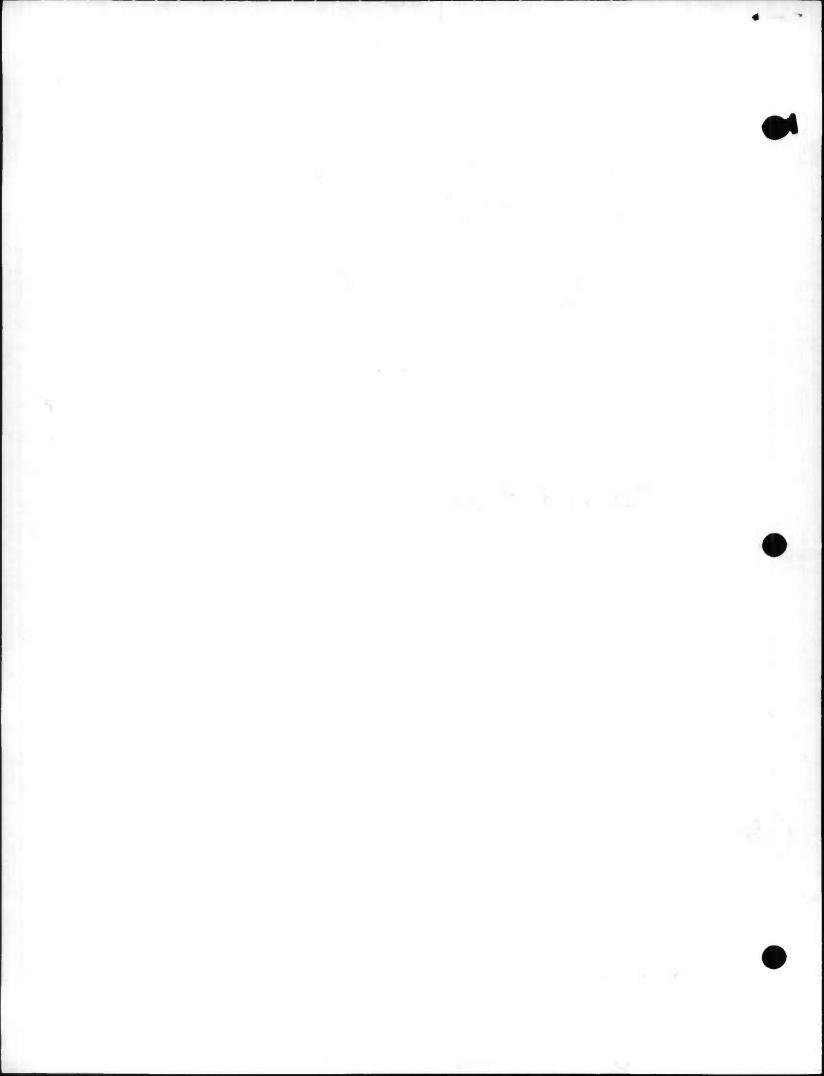
1 - FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS,	-
	D

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Las	EARL LEE	TACKEY				2. DATE O	DA		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	at birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	992 Ta	I. BIRTHP	8:25
1	245-14-3311	1 € M 2 □ F	70	MONTH	-	HOURS MIN.	(Month,	2.7 1		Country)	H CAROLII
	Sa. FACILITY NAME (If not institution, give	e street and number)			TY, TOWN	OR LOCATION OF DE		<i>λ 1</i> 1	9c. COUNT		
DIRECTOR	NATIONAL NAV		CENTER		В	ETHESDA			MOI	NTGO	MERY
	RESIDENCE OF DECEDENT  104. STATE  10b. COUN			10c. CITY, TOW	OR LOC	ATION					10d. INSIDE CITY
	MARYLAND SAT	INT MARY'S	3	Li	EONA	RDTOWN					LIMITS?
LONEHAL	10e. STREET AND NUMBER				_	IOI. ZIP CODE			10g. CITIZE	EN OF WI	AT COUNTRY?
		STREET BO				20650				TED	STATES
- 11	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2 1		If yes,	ECENDENT OF HISPAN specify Cuban, Mexica	n, Puerto Rk	(Specify Yes	or No— 1	4. RACE Black,	<ul> <li>American Indian, White, etc.</li> </ul>
	3 Widowed 4 Divorced	IF YES, GIVE W	41 - 19	68	1 [] YE	S 2X NO Specify	<i>/</i> :			Specify	WHITE
I.	15. DECEDENT'S EL (Specify only highest gra		(G	CEDENT'S USUAL	ne durina r	TION nost of working	16b, I	UND OF BUS	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 -		. Do NOT use retired	1.)		1				
	17. FATHER'S NAME (First, Middle, Last)	2		U. S. N	IAVY	18. MOTHER'S NA		DEFEN			
	FRANK LEE LACH	ZEV							Surname)		
	19a. INFORMANT'S NAME (Type/Print)	NE 1	19	b. MAILING ADDRE	SS (Street	BES:	STE YO		n, State, Zip C	Code)	
2	PEARL LACKEY					REET. BOX					MD 2065
	20a. METHOD OF DISPOSITION  1X Burlal 2 Cremation 3 Re	emoval from State	20b. PLACE	AND DATE OF DISP	OSITION (		OATE	_	CATION — CI		
	4 Donation 5 Other (Specify)		St.	Pauls Me	th.	Cem. 12	2/17/9	92 Le	eonard	tow	n, Maryla
	21. SIGNATURE OF FUNERAL SERVICE I	SCHOOL STATES	1.			and adoness of fai ingley-Ga		r Fun	eral	Home	. P.A.
J	" Juchael	7 XJan	dine	Secretary 1		Box 270,					•
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEC								
MEDICAL CE	PART II. Other significant condition	ons contributing to	deeth but not r	resulting in the	underlyl	ng cause given in		PERFOR	MED?		WERE AUTOPSY FINDI MAILLABLE PRIOR TO COMPLETION OF CAU OF DEATH?
- 13							_ [			1	YES 2 NO
PH SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF OBATH (Che	eck only one)				
2	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4 N	ER:	me 5 🗆 Residence		Specify)			
101	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, Da		28b. TIME OF INJURY M	28c. IN	JURY AT /ORK? YES 2 NO			NJURY OCCU	REO	
	3 Suicide 6 Could not b 4 Homicide datermined	m   Dullding,	F INJURY — At ho etc. (Specify)	me, farm, street, fi	ectory, off	ica		ION (Street a Town, State)	nd Number or	Rural Ro	ute Number,
9 E											
$\mathbf{u}$		YSICIAN: To the best of									
	(Check only 1) CENTIFYING PHY	NER: On the beals of a									and manner as state
COMP LETE	(Check only 1X CENTIFYING PHY	NER: On the beals of a					time, data a		d due to the	cause(s)	Month, Day, Year)
be complete	(Check only 1) A GENTIFYING PHY ONE) I MEDICAL EXAMI	INER: On the beals of at	remination and/or	investigation, in m		death occured at the 29c. LICENSE NUM	time, data ad	nd place, en	29d. DATE S	SIGNEO (	Month, Day, Year)
TO BE COMPLETED	(Check only 1) CENTIFYING PHY	WHO COMPLETEO CAUS	samination and/or	investigation, in m		death occured at the	IBER	nd place, en	29d. DATE S	SIGNEO (I	Month, Dey, Year) 14/92

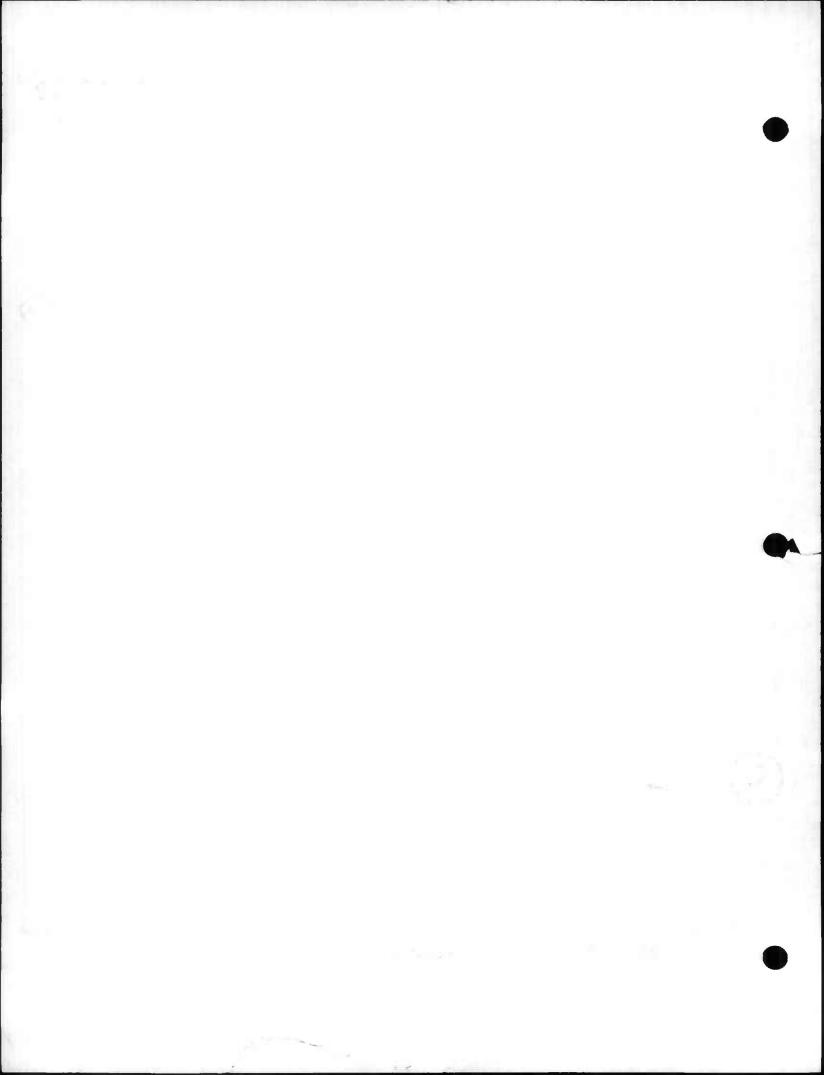
CDC WGrows



FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEI
REGISTRAR	CERTIFICATE OF DEATH DEG NO

92 38079

		1 - STATE REGISTRAR	STATE OF MARYL		ITMENT OF H		MENTAL	REG. NO.	E J	4	88019		
	i,	1. DECEDENT'S NAME (Figst, Mostar Land	Charles C.				2. DATE	OF DEATH	" q *	3. T	TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	OF BIRTH Pay, Year)	12	Country)	CE (State or Foreign		
3 should		139-03-0773 Sa. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN O	OR LOCATION OF D	DEATH A	27/	9c. COUNTY		ina.		
1. 2.	DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY	HOSPITAL		BETH	455D1	1		MOR	1760	METLY		
oit. Page		A	TGOMBR,	4 CH	V, TOWN OR LOCAT	VASE					LIMITS?		
nsit perm	FUNERAL	6700 PROOKVI	WE RA			ZIP CODE		U.S.A.					
g prysiciani. e burial-transit permit, Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spi	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Spec	an, Puerto R	? (Specify Yes ican, etc.)			American Indian,		
use as the	0	15. DECEDENT'S EDU (Specify only highest grade			USUAL OCCUPATIO		16b.	KIND OF BUS	HNESS/INDUS		ite		
thed for use	COMPLET	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)				U	niv. o	of Mar	vland			
be detached at once.		17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Malden Surname)											
5 should to	BE	Charles C. Mish  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code)											
	2	Sylvia G. O'Sullivan 2700 Arvin St., Wheaton, MD 20902											
actor, p		20a. METHOD OF DISPOSITION  1	oval from State CO!	b. PLACE AND DATE metery, crematory or o Mt. Comfo	ther placa)		/4/93		cation – cin candri				
e funeral dir al. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	ID ADDRESS OF F	ACILITY			44 17			
0 = 0		Michael	.e. Mel	con	5130 V	n Gawler Nisconsi	n Ave	NW W	shing	ton.I	C 20016		
or ro		23. PART I. Enter the disesses, or c shock, or heart failure. IMMEDIATE CAUSE (Final	complications that cause List only one cause on a	ed the desth. Do i	not enter the mo	de of dying, su	ch as card	lec or respi	ratory arrest	,	Approximate Interval Between Onset and Death		
completely fille fal. cremation.			A DUE TO COR AS	RDIAL A CONSEQUENCE O	INI	FARCT	TON						
and con o burial.	NOI	disease or condition resulting in death)  a. MYOCARDIATA INFARCTION  ACUPT  DUE TO (OR AS A CONSEQUENCE OF):  ARTERIOSCIENTIC CARDINUS SUITAR DISCRETE INSERTING SUITAR DISCRETE SUITAR											
nding physician Hygiene prior t or other traus	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	FI:								
	ERTI	resulting in death) LAST	1										
nd Me	ICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED?  AMULABLE PRIOR TO											
has been signed Dept. of Health a m 23 shows any	MEDIC	1 VES 2 LINO COMPLETION OF CAUSE OF DEATH?											
ter beer Dept. of 23 sth							_				, 120 2   110		
Item	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/	26. PL OTHER:	ACE OF DEATH (C	heck only one	)					
E 15	PHYS	1 VÉS 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ② ER/Out	patient 3 DOA 28b, TIM	4 Nursing Home E OF 28c. INJI		_		JURY OCCUR	ED			
J /	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	V 191	URY WO	RK?	700	LAPS		LU			
DIRECTOR: Nours after Item 28 In Item	TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, icity) / +v u	street, factory, office		201. LOCA		nd Number or	Rural Route	Number,		
TO THE FUNERAL DIRECTOR SERVING TO THE MINISTRACTOR SERVING TO THE SERVING SER	COMPLE		CIAN: To the best of my know						ner as stated.				
FUNE		29b, SHOWATLINE AND TITLE OF CENTIFIES	R: On the basis of examination	on and/or investigation	m, in my opinion, de	eath occured at the 29c, LICENSE NU		and place, en			th, Day, Year)		
TO THE FUNERAL OF THE FINERAL OF THE PORTANT: If I	TO BE	30. NAME AND ADDRESS OF PERSON WH	velley	Mell	0	0070	99		<b>&gt;</b> //	1/9	}		
		FRANCIS C M	1A468 10.	2/5 FER	NUICOD	DV B	ETH	ESDA	Mo.	201	17/106		
		JAN 06 '93	Julia Davids	NATURE AL ROYLESS									



	REGISTRAR			<u> </u>	ENTIF	ICATE	OF	DEATH		REG. NO				
1	1. DECEDENT'S NAME (F								MON	E OF DEATH	AY	MEAG	. TIME OF DEATH	
	Fred	М.		Miller						Dec. 31, 1992			1230 A	
	4. SOCIAL SECURITY NU		5. SEX	6. AGE (In yrs. Ia:	st birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.		E OF BIRTH oth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign	
	577-60-220	)2	1 X M 2 F	YRS.	MONTHS	DAYS	HOURS MIN.		.30,19	05	Indi	lana		
	Sa. FACILITY NAME (If no	t institution, give a	street end number)			9b. CITY,	TOWN C	OR LOCATION OF				TY OF DEA	тн	
DIRECTOR	4701 Will	ard Ave	nue			Ch	evy	Chase			Mo	ntgo	mery	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. C													
Ë	MD		tgomery			evy C						1.	Dd. INSIDE CITY LIMITS?	
	10e. STREET AND NUMB		-					,		YES 2 NO				
FUNERAL	4701 Will:		niie			101	20815				S.A.	AT COUNTRY?		
¥.	11. MARITAL STATUS	III MVC												
3	1 Never Married 2	MED NO			ENDENT OF HISP ecify Cuban, Mexic			or No-		- American Indian, White, etc.				
ă	3 Widowed 4 C		IF YES, GIVE	MAR OR DATES		1	☐ YES	2X NO Spec	alfy:		- 1	Specify:	White	
- 4	15. DECEDENT'S EDUCATION 188. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY												MITTLE	
ă	(Specify Elementary/Secondar	only highest grade	ive kind of Do NOT u	work done di	uring mo	st of working	"	at railed of Bo.	3114E33/11101	) J				
COMPLETED	Communa y coccina	, (0-12)	Spec:	ial A	gen	t	F.B.I.							
S	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)													
S I	Leopold Miller Catherine Block													
∞ <sub> </sub>	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
2	Helen M. Miller 4701 Willard Ave., Chevy Chase, MD 20815													
	2ta METHOD OF DISPORT		ovel from State			or disposit		emetery	1/		cation - c			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FABILITY SONS, Inc.													
	Michael helson 5130 Wisconsin Ave, NW, Washington, DC 2001													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Betw.													
	iMMEDIATE CAUSE ( disease or condition resulting in death)	LYM QUENCE O	PHO	cy	ITIC	LEV	KEMI	A		Onset and D				
S O	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												į	
	that initiated events		DUE TO	(OR AS A CONSE	QUENCE O	F):								
E	resulting in death) L	151	d											
	PART II. Other algnif	cant condition	na contributing to	death but not	resulting	In the und	lerivino	Cause given i	n Part I	24- WAS AN	AIFMORY	245 W	EDE ALTYOREY ENDI	
_ 1	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AMAILABLE PRIC													
SAL	1 ☐ YES 2 X NO COMPLETION OF CA													
EDICAL										1 🗆 YES 2		٥	OMPLETION OF CAUSE F DEATH?	
MEDIC										1 TYES 2		٥	OMPLETION OF CAU	
MEDIC	25 WAS CASE REFEREN	TO MEDICAL				-						٥	OMPLETION OF CAU F DEATH?	
MEDIC	25. WAS CASE REFERRED EXAMINER?	) TO MEDICAL	HOSPITAL:			OTHER	:	ACE OF DEATH (C		one)		٥	OMPLETION OF CAUS F DEATH?	
MEDIC	EXAMINER?	) TO MEDICAL	1 Inputient 2	ER/Outpetlent 3		OTHER:	ng Hom	e 5 K Residence	8 🗆 Oth	er (Specify)	<b>Ж</b> ) мо	1	OMPLETION OF CAUS F DEATH?	
PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF DEATH			F INJURY	28b. TIM	OTHER:	ng Hom 28c. INJI WO	e 5 Residence URY AT RK?	8 🗆 Oth	one)	<b>Ж</b> ) мо	1	OMPLETION OF CAUSE F DEATH?	
PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident	Pending	1 Inputient 2 ( 28a. DATE OF (Month, E	FINJURY Day, Year)	28b. TIM	OTHER: 4   Nursi	ng Hom 28c. INJI WO 1   Y	• 5 Residence URY AT RK? /ES 2 NO	8 🗆 Oth	ore (Specify)	NJURY OCC	URED	OMPLETION OF CAU	
BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5	Pending	1 Inpatient 2 ( 28a. DATE OF (Month, E) 28a. PLACE O	F INJURY	28b. TIM	OTHER: 4   Nursi	ng Hom 28c. INJI WO 1   Y	• 5 Residence URY AT RK? /ES 2 NO	8 Oth	er (Specify)	NJURY OCC	URED	OMPLETION OF CAU	
BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident 3 Suicide 6   4 Homicide	Pending Investigation Could not be determined	1 Inpetient 2 ( 28s. DATE OF (Month, E) 28s. PLACE C building,	FINJURY  My, Year)  OF INJURY — At he etc. (Specify)	28b. TIM IN.	OTHER: 4   Nursi	ng Hom 28c. INJ WO 1 1 1	e 5 Residence URY AT RK? (ES 2 NO	8  Oth 28d. DE 28f. LO	er (Specify) SCRIBE HOW II CATION (Street or Town, State)	NJURY OCC	URED OF Rural Rou	OMPLETION OF CAU	
BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29a. CERTIFIER (Check only	Pending Investigation Could not be determined	1 Inpatient 2 ( 28s. DATE OF (Month, L 28s. PLACE C building,	FINJURY  ay, Year)  OF INJURY — At ho  etc. (Specify)	28b. TIM IN.	OTHER: 4   Nursi	ng Hom 28c. INJ WO 1 \( \) Y ry, office	e 5 Residence URY AT RK? (ES 2 NO	28d. DE 28d. DE 28f. LO C/n	er (Specify) SCRIBE HOW a CATION (Street or Town, State) sues(a) and mar	NJURY OCC	URED Or Rural Rou	OMPLETION OF CAU F DEATH? YES 2 NO	
BY PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29a. CERTIFIER (Check only	Pending Investigation Could not be determined	1 Inpetient 2 ( 28s. DATE OF (Month, E) 28s. PLACE C building,	FINJURY  ay, Year)  OF INJURY — At ho  etc. (Specify)	28b. TIM IN.	OTHER: 4   Nursi	ng Hom 28c. INJ WO 1 \( \) Y ry, office	e 5 Residence URY AT RK? (ES 2 NO	28d. DE 28d. DE 28f. LO C/n	er (Specify) SCRIBE HOW a CATION (Street or Town, State) sues(a) and mar	NJURY OCC	URED Or Rural Rou	OMPLETION OF CAU F DEATH? YES 2 NO	
PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29a. CERTIFIER (Check only	Pending Investigation Could not be determined ERTIFYING PHYSI	1 Inpatient 2 ( 28a. DATE OF (Month, L 28a. PLACE Of building.)  CIAN: To the best of a	FINJURY  ay, Year)  OF INJURY — At ho  etc. (Specify)	28b. TIM IN.	OTHER: 4   Nursi	ng Hom 28c. INJ WO 1 \( \) Y ry, office	e 5 Residence URY AT RK? (ES 2 NO	28d. DE 28d. LO City	er (Specify) SCRIBE HOW a CATION (Street or Town, State) sues(a) and mar	NJURY OCC	URED  Or Rural Rou  d. cause(s) a	OMPLETION OF CAUSE F DEATH? YES 2 NO	

James Mackin, M.D., 5401 Western Ave, NW, Washington, DC

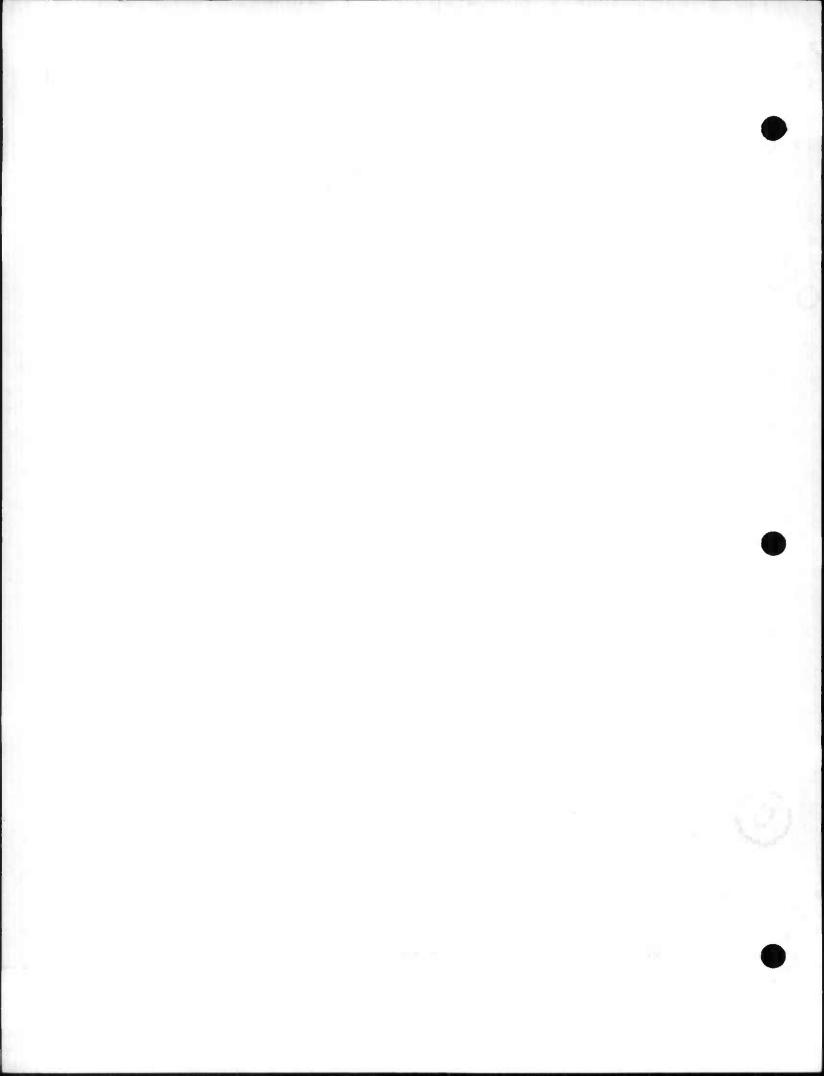
31. DATE FILED (Month, Dev. Near)

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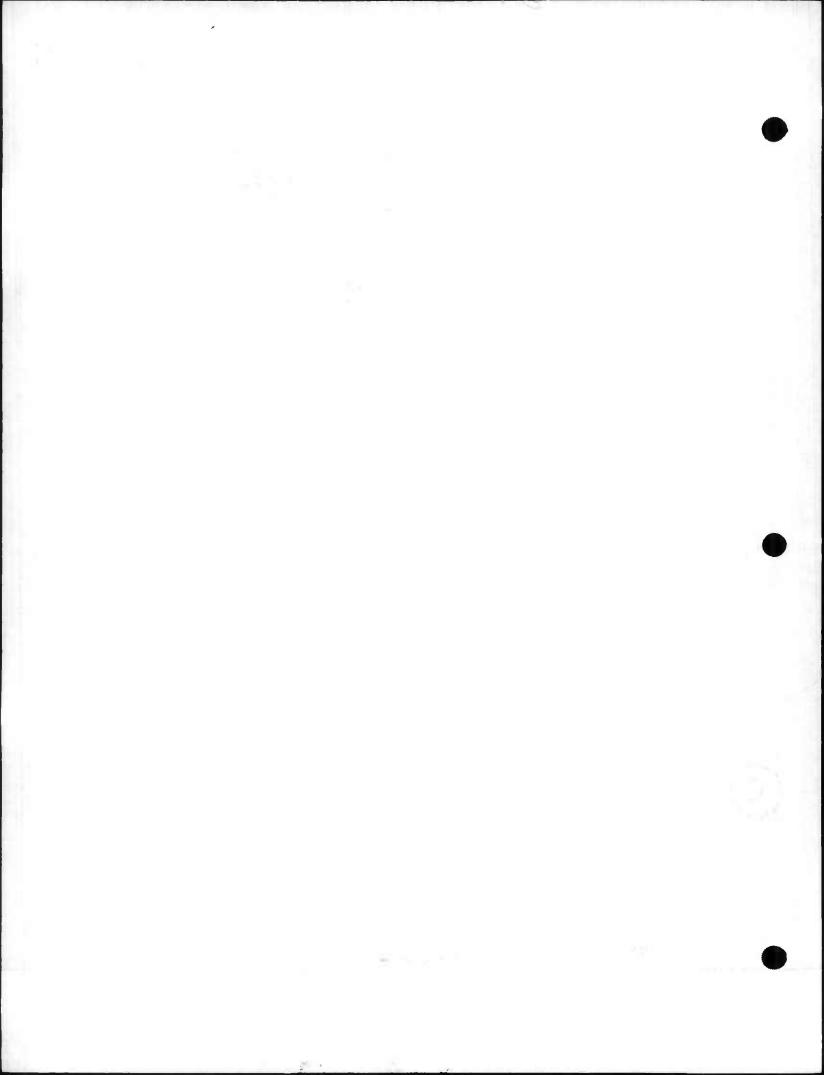
L. REGISTBAR'S SIGNATURE

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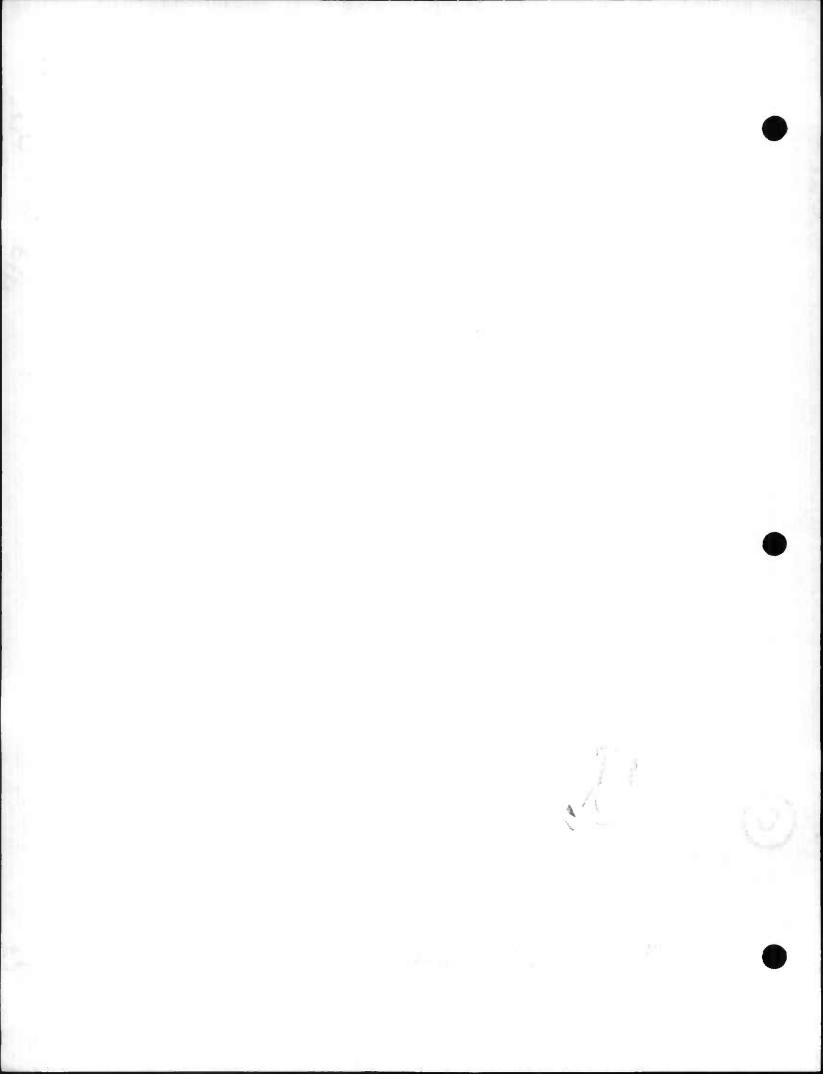
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	CERTIF	ICATE OF		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) ROSA B.	MOTEN		OTEN		2. DATE OF DEATH	¥8-92¥5	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 219-36-8513	5. SEX 6. AGE (In	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-04-1]	L Cou	THPLACE (State or Foreign Intry) Tirginia					
СТОВ	Shady Grove A	dventist Hos	pital		kville	АТН	MONTG				
DIRE		ntgomery	1221	v, town on Locat Gaither	sburg			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	7820 Mineral			101	0877	U	S.A.				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 \( \bar{\text{L}} \) Widowed 4 \( \bar{\text{Divorced}} \)	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2200								
COMPLETED	15. OECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12) 4 th	JCATION le completed) College (1-4 or 5 +)	(Give kind of v life. Do NOT us	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY							
COM	17. FATHER'S NAME (First, Middle, Last)		DOME	stic		RE (First, Middle, Maiden					
BE C	Cecil Berry  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	C1 and Number or Rural A	ara Broo	ks m, State, Zip Code)	00000			
2	Annabell Owens	(Daughter)						20877 ersburg,M			
ď	20s. METHOD OF DISPOSITION  1X) Burisl 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACEAND DATE OF DISPOSITION (Name of carmetery, crematery, crematery, crematery, crematery, crematery, crematery, crematery, crematery, crematery, crematery of other place)  1/4 Rockville										
	22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home, P.A. Rockville, MD 20850  23. PART I. Enter the displaces, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	23. PART I: Enter the disease, or shock, or hourt feilure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on eac	rdiac RDIAC	Arrest		as cardiec or respi	iratory arrest,	Approximate interval Betwee Onset and Dec			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A C	CONSEQUENCE OF	Sease	AJE			78AG			
MEDICAL	PART II. Other significant condition	Part I, 24a. WAS AN PERFOF	RMED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	lent 3 DOA	OTHER:	ACE OF DEATH (Che						
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	29b. TIM	E OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCUREO				
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specify	- At home, farm, (	dreet, factory, offic		281. LOCATION (Street City or Town, State)	and Number or Rura	al Route Number,			
COMPLET	11	SICIAN: To the best of my knowled ER: On the best of examination						e(e) and manner ee stated.			
H	29b. SIGNATURE AND TITLE OF CERTIFIE	Fred P			29c. LICENSE NUM	-	29d. DATE SIGN	ED (Month, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON W	OMPLETEO CAUSE OF OEAT	H (ITEM 27) (Type,			EDICAL G	ant No.	lockille,			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT		- 1	/ /	- 71170 0	- 1/ hr.	40-4-116			



DHMH-16 Rev 1/89

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OF SELECTIONS PHYSICIAN: The law requires that the death certificate be executed within 24	this certificate has been signed by the attending physician and completely fill
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	REGISTRAR  1. DECEDENT'S NAME (First, Middle,	Last)		CERTII	FICAT	E OF	DEAT	H	2. DATE O	REG. NO.		1.	THE OF PEATH
1	Alice	S.	/	MORGA	N				MONTH /2	D/I	-199	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (	In yrs. las birthday	IF UNDE	R 1 YEAR	IF UNDER :	24 HRS.	7. DATE OF (Month, I				ACE (State or Foreign
	579-60-8474  9a. FACILITY NAME (If not institution	1 M 2 X F		75 YRS.	9h CIT	Y TOWAL O	R LOCATIO	100		24,	1917 V		ngton, D
E O	Wilson Hea	1th Come	. Co.	nter			sbur		AIN.		No.	19011	
DIRECTOR	RESIDENCE OF DECEDER	YTOUNTY				OR LOCAT					111601	/	d. INSIDE CITY
PIB	Maryland Mo	ntgomery		111111111111111111111111111111111111111		sbur							LIMITS?
RAL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN OF			T COUNTRY?		
FUNERAL	403 Russell Av	12. WAS DECEDE	NT EVER IN	N U.S. ARMED	13.		20877	F HISPANI	C OBIGINS	Specify Yes	U.S.		American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	2 K NO ATES		If yes, spe	2 NO	, Mexican	, Puerto Ric	en, etc.)		Black, V Specify:	White		
ETED	15. DECEDENT (Specify only highes			16a. DECEDENT	work done	during mos		7	16b. K	IND OF BUS	HNESS/INDU	STRY	
PL	Elementary/Secondary (0-12)	Princi	incipal						ary Ed	lucat	ion		
COMPL	17. FATHER'S NAME (First, Middle, Li				18. MOTH	ER'S NAM		dle, Maiden			2011		
BE	William J. Morg						rad1	-					
٩	19th. INFORMANT'S NAME (Types/Print)  19th. Mailing Address (Street and Number or Flural Route Number, City or Town, State, Zip Code)  Richard W. Morgan  608 Tower Bank Rd., Severna Park, MD 21146											6	
	20a. METHOD OF DISPOSITION 1 METHOD OF DISPOSITION   20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place)   DATE   20c. LOCATION — City or Town, State												
	4 Donation 6 Other (Specify	)	_ Ce	edar Hil	1 Ce	meter	ry	1/4	/93	Sui	tland,	MD	
	10 East Deer Park Drive Gaithersburg, MD 20877												
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Drain Tumer (Cancer)  Anoth											Approximate interval Betwoonset and De Months	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO									MED?	CC	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN:	25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL				26. PL	ACE OF DE	ATH (Chec	ck only one)				YES 2 NO
YSICI	1 YES 2 NO	HOSPITAL:	☐ ER/Outp	atlent 3 DOA	OTHE 4 ™ Nu		5 🗆 Res	ildence 6	□ Other (S	Specify)			
ВУ РНҮ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investig	ation	Day, Year)		JURY		RK? ES 2		28d. DESC	RIBE HOW IP	HJURY OCCU	REO	
ETED	3. Suicide 6 Could n 4 Homicide determin	ot be building	OF INJURY I, etc. (Spec	— At home, farm,	street, fac	tory, office			28f, LOCATI City or	ION (Street a Town, State)	nd Number or	Rural Rout	e Number,
COMPLI		PHYSICIAN: To the best of AMINER: On the basis of											ed manner as atate
TO BE		hum mi					29c. LICE?				29d. DATE 5	I 93	onth, Day, Year)
	BYRL D. JON			ATH (ITEM 27) (Typ		Gai	thersl	2hr4	12 Mary	knd	2087	9	
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGN	ATURE					/			-	



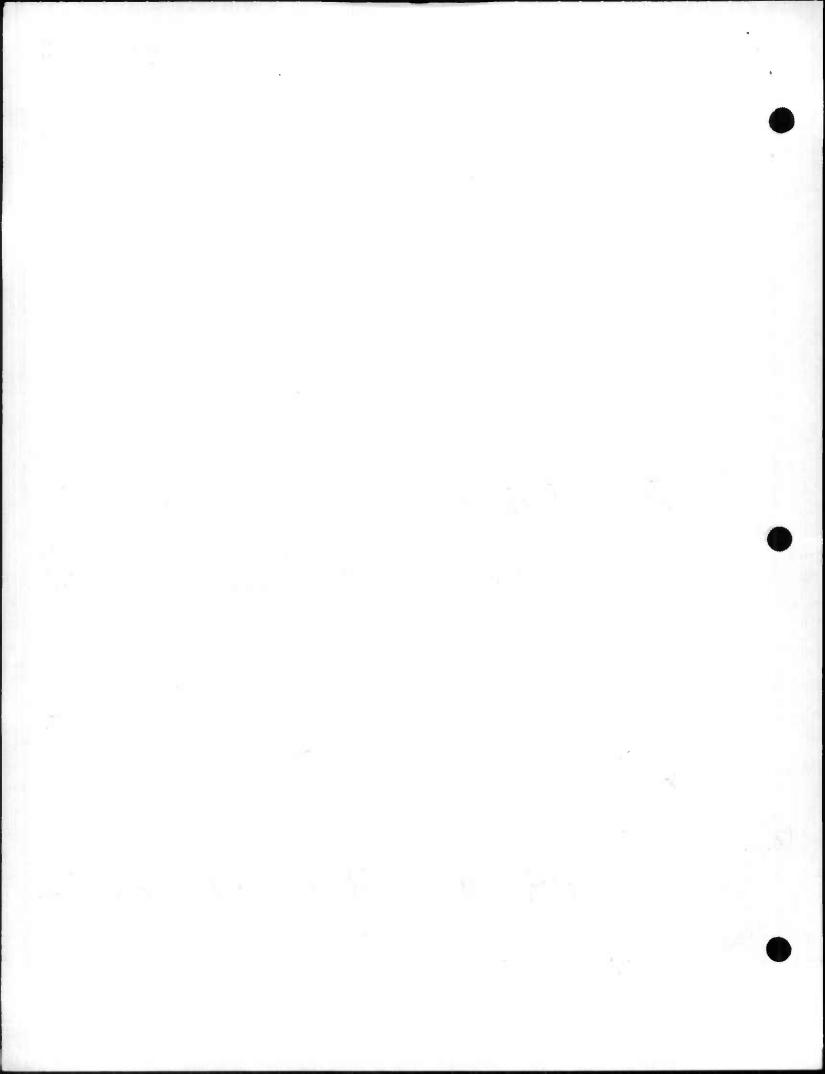
death. Page 6 may be retained by the hospital or attending physician. In the following the following funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should ALTIMORE, MARYLAND 21215-0020

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MOINSION OF VITAL RECORDS, P.O. BOX 68760,	2	ä
	TO THE MISSIAN OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	THE PARENCE OF A COMPLETE OF After this certificate has been signed by the attending physician and completely filled in by the
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		1 - STATE REGISTRAR	STATE OF MARY				EALTH AND I	MENTAL HYGIEN					
	7	1. DECEDENT'S NAME (First, Middle, Last)					02.7777	2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
		Mary Hilda Norr		(In yrs. lest bi	irthday) #5.10	NOER 1 YEAR	IF UNDER 24 HRS.	Dec. 17,	1992	6:40 A. M			
pin	Ì	217-66-0847  9 FACILITY NAME (If not institution, give a	1 □ M 2 🄀 F	82	YRS. MONT	THS DAYS	HOURS MIN.		1910 Ma	THPLACE (State or Foreign arry)			
, 2, 3 should	стоя	P.O. Box 86 Old I			96.		ollywood	EATH	St. M	ary's			
1 Sage	III I	10e. STATE 10b. COUNT		T	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY			
mit. P.	DIR		t. Mary's		Holl	ywood	1 YES 2 NO						
ned his	RAL	100. STREET AND NUMBER  101. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  P.O. Box 86  U.S.A.											
al-tram	FUNER	P.O. Box 86	12. WAS DECEDENT EVER	IN U.S. ARME	0	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No							
as the burial-transit permit. Pages 1,	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 _ YES			If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 ☑ NO Specify:  While, atc.  Specify:							
use as	TED	16. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	kind of work d	T'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY of work done during most of working							
of be	PLET	Elementary/Secondary (0-12) 6th Grade	Callege (1-4 or 8 +)	House			На	mo					
detach once.	COMP	17. FATHER'S NAME (First, Middle, Last)		ribus	sewife		18. MOTHER'S NA	ME (First, Middle, Meiden					
d be	BE C	George Edgar	Abell				Emma	Pauline	Bowle	es			
5 should notified	0	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox					
be n		Mary Agnes Woodbi				X 86 I		d, Marylan					
ector, s must		1 M Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	har les	tory or other pl	position (Name	ardens	DATE 20c. LO	cation — city or Leonardt	own, state own, Maryland			
ral din		21. SIGNATURE OF FUNERAL SERVICE LIC		,		22. NAME AN	D ADDRESS OF FA	CILITY					
e funeral di al. examiner		Michael	Dans	licio-	020			ardiner Fu		me, P.A. vland 20650			
d in by th or remova medical		23. PART J. Enter the diseases, or especially as heart fallure	complications that cause List only one cause on	d tha death	. Do not e	ntar the mod	da of dying, suci	as cardiac or reap	iratory arrest,	Approximata			
the attending physician and completely filled in by the funeral director, page 5 should be detached for use Mental Hygiene prior to burial, cremation, or removal. Ilury, or other traumatic event, the medical examiner must be notified at once.		IMMEDIATE CAUSE (Final	AA	each mha.	0.	0_	- 0			interval Between Onset and Death			
ompletely al, cremati- event, tl		disease or condition											
urial, c	z	C. Amany Antago 1)8.											
sician and corion to buria	ERTIFICATION	Sequentially list conditions, if any, leading to immediate OFF AS A CONSEQUENCE OF AS											
ing physici giene prio other tra	FIG	cause. Enter UNDERLYING CAUSE (Disease or injury	E. DUE TO (OR AS	A CONSEQUE	suce on-				V				
Hygie or oth	E	thet initiated events reaulting in death) LAST			orde or j.								
y the atte d Mental injury,	O												
36	ICAL		_ commonly to dogs.	Dat not read	arting in the	diloetiying	cause given in	PERFO	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE			
een signe of Health shows a	MEDIC							1 _ YES 2	DENO	OF DEATH?			
has been signed to Dept, of Health a	AN:									NA			
State Da	O	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTI	28. PL	ACE OF DEATH (Chi	ick only one)					
the the	HYSI	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Out	-			/ -	6 Other (Specify)	N. H. D. C.				
	0	1 Natural 5 Pending	(Month, Day, Year)	1	INJURY	WOF		200. DESCRIBE HOW I	NJUNY OCCURED				
4 0 m	D BY	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	Y — At home,	term, street,			28f. LOCATION (Street of City or Town, State)	and Number or Rura	l Route Number,			
m 28 i	EE	4 Homicide determined						City or lowit, State)					
if Item 2	MPL	(Check only one)	CIAN: To the best of my know	wiedge, death	occurred at t	he time, date	end place, and due	to the cause(s) end mar	nner ea stated.				
TANT	8	290. SIGNATURE AND TITLE OF CERTIFIER	R: On the balls of examination	on end/or Inve	etigation, in r	ny opinion, de			d due to the ceuse	(e) end manner es stated.			
TO THE FINE DE FILE DE	TO BE	XOM	- Va	Mo	8/	$\mathcal{U}$	DO	5419	29d. DATE SIGNI	17/92			
1/1		J. Patrick Jarb	oe, M/D./	Lec	nardt	own, N	Maryland	20650	7	10			
W		31. DATE PILED (Minth, Day) (bar)	32. REGISTRUM'S SIGN	NATURE 24 CARS	Mandals	6							
		Mb 8	1/										



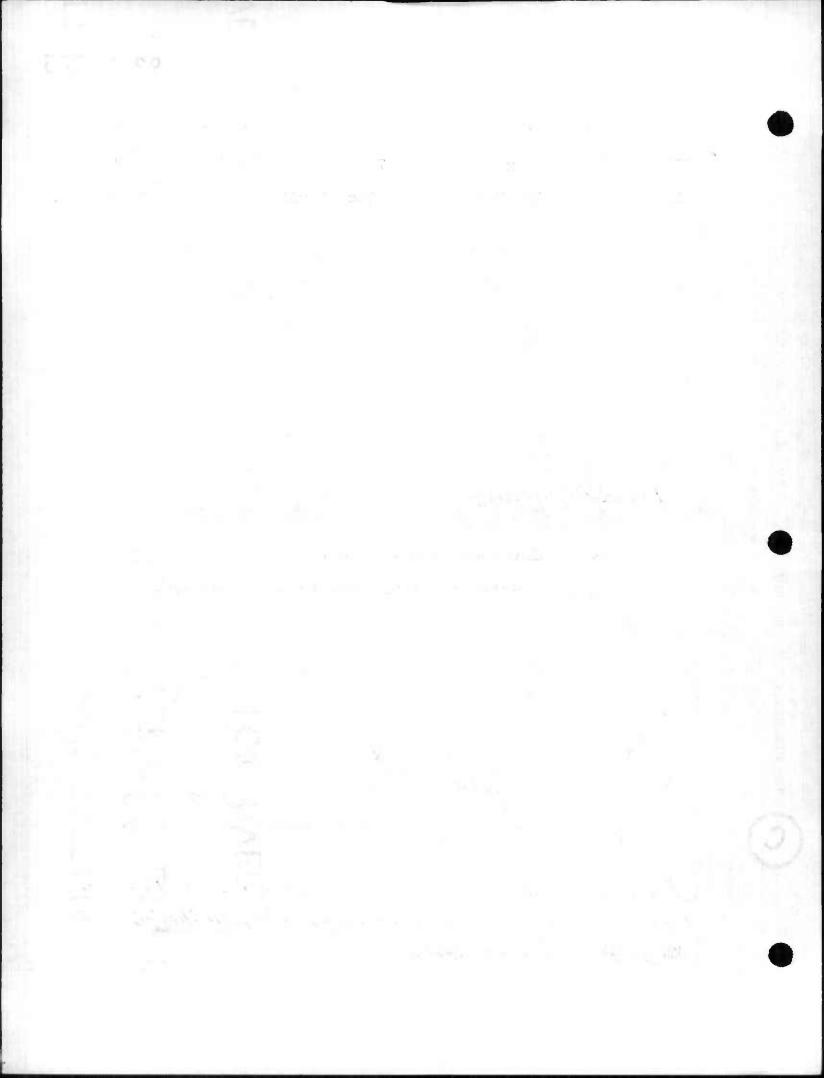
	1. DECEDENT'S NAME /First				/	ICAIL	<u> </u>	DEAT	11		REG. NO								
## ADDAL SECURITY NAMERY   S. ACR on your interval and provided by the provided provided in the provided provid		Middle, Last)										AV		. TIME OF DEATH					
\$ SEX SOURCESCONTY INAMERICAL SECRET IN ALBERT STATE OF SOURCESCON STATE OF SOURCE STATE STATE OF SOURCE STATE STATE OF SOURCE STATE STATE STATE STATE OF SOURCE STATE S	MARY		FRAN	CES			NC	RRT	S					8:25 A					
STAPE   POLITY   #5   #5   #5   #5   #5   #5   #5   #	4. SOCIAL SECURITY NUMBER	ER			lest birthday)	-	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTHPL	RTHPLACE (State or Foreign					
STATE ROUTE #5  RESIDENCE OF DISCOUNTY  MARYLAND  St. MARY'S  Security Well of the Colonian Colonia Colonian Co	578-80-6284		1 🗌 M 2 🖄 F	32	YRS.	MONTHS	DAYS	HOURS	MIN.										
See TRINGE OF DECEDENT   See CORY   See CITY   NOW ON LOCATION   See TRINGE AND HAMBER   SEE TRINGE	90. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CITY	, TOWN C	OR LOCATIO	ON OF DE			-							
The STREET MAY SHARE THE MAY SHARE THE MECOUNTY SHARE THE MAY SHARE THE MAY SHARE THE MAY COUNTY?  MAY JAING St. MAY'S MECHANICAL THE MAY SHARE THE MAY COUNTY?  1165 MANOY Drive  1165 MANOY Drive  11 MAY DECEMBER STREET AND REMARKS  11 MAY DECEMBER STREET AND REMARKS  12 MAY DECEMBER STREET AND REMARKS  13 MAY DECEMBER STREET AND REMARKS  14 MAY DECEMBER STREET AND REMARKS  15 MAY DECEMBER STREET AND REMARKS  16 MAY DECEMBER STREET AND REMARKS  16 MAY DECEMBER STREET AND REMARKS  17 MAY DECEMBER STREET AND REMARKS  18 MAY DECEMB	STATE ROLL	T #5			שווכ	ישניי	717T	TD			CITA	DIEC	COLLYMAN						
Maryland St. Mary's Mechanicsville    St. Mary's   Mechanicsville	RESIDENCE OF DEC	EDENT							Lite			LLHA							
1. In American Indiana, 1. In					27		-							LIMITS?					
11.65 Manor Drive  11. MARIAL STRUE  12. WAS DECEMENT OF INSTANCE CONCEPT (Specify to a No. 1)  13. WAS DECEMENT OF INSTANCE CONCEPT (Specify to a No. 1)  14. MARIAN STRUE  15. WAS DECEMENT OF INSTANCE CONCEPT (Specify to a No. 1)  16. MARIAN ADDRESS (Specify to a No. 1)  17. MARIAN ADDRESS (Specify to a No. 1)  18. MARIAN ADDRESS (Specify to a No. 1)  18. MARIAN ADDRESS (Specify to a No. 1)  18. MARIAN ADDRESS (Specify to a No. 1)  19. MARIAN ADDRESS (Specify to No. 1)  19		St.	Mary's		Me	echan													
It   Notes Married   2   Stanford   1   Yes   2   Story   Yes	-100						101.												
Wideward   Description   VES   2 (SIO)   VES   2 (SIO)   VES   2 (SIO)   VES   2 (SIO)   VES		Drive																	
Secretary   Diverse   Di		Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	ARMED							n or No-	14. RACE - Black, 1	- American Indian, White, etc.					
St. DECEMENTS EDUCATION   Elementary/Escondary (1-17)   College (1-tor 5-1)   Table (1-tor 5-1)   Dide (1-tor 5-1)   Dide (1-tor 5-1)   Bus Driver   Public School											,								
Clicke Subset of whorther greated completed   Challege (I for 5 - 1)   2 to Challege (I for 5	16 050	EDENT'S EDIA	CATION	40. (	DEAFRENTH	1	0010101							white					
The property control of the property   2 years   Bus Driver   Public School	(Specify ont	highest grade	completed)	- 1	(Give kind of	work done c	during mo	st of workin	9	16b.	KIND OF BU	SINESS/INC	DUSTRY						
TO PATHER'S NAME (Part, Modin, Lat)  John Eldridge Bryant  196, MALING ADDRESS (Sheet and Number or Part Route Mumber, City or Sum, Step, 25 Code)  George Franklin Norris, Jr.  1165 Manor Dr. Mechanicsville, Maryland 20659  286, MERIND or Despotation   Once (Part Route)   Once (Part Ro		-12)	•	) _						Т	hiblic	Scho	201						
John   Eldridge   Bryant   Betty   Mae   Matthews		iddin ( and)	2 vears		ous Di	Tver													
The malling address (Primed and Number of Partal Routs Number, City or Rows, State, Zip Code)  George Franklin Nortis, Jr. 1166. Manor Dr. Mechanicsville, Maryland 20659  1165 Manor Dr. Mechanicsville, Maryland 20659  1165 Manor Dr. Mechanicsville, Maryland 20659  1165 Manor Dr. Mechanicsville, Maryland 20659  116 Brenowt from State  116 Denation S. of Other (Sevol)  117 Denation S. of Other (Sevol)  118 Denation S. of Other (Sevol)  119 Denation S. of Other (Sevol)  119 Denation S. of Other (Sevol)  120 Note of Points (Sevol)  121 Subsetting of Points (Sevol)  122 Note of Points (Sevol)  123 Name and nodes of Points (Sevol)  124 Denation S. of Other (Sevol)  125 Name and nodes of Points (Sevol)  126 Name and nodes of Points (Sevol)  127 Name and nodes of Points (Sevol)  128 Name and nodes of Points (Sevol)  129 Name and nodes of Points (Sevol)  120 Name and nodes of Points (Sevol)  121 Name and nodes of Points (Sevol)  122 Name and nodes of Points (Sevol)  123 Name and nodes of Points (Sevol)  124 Name and nodes of Points (Sevol)  125 Name and nodes of Points (Sevol)  126 Name and nodes of Points (Sevol)  127 Name and nodes of Points (Sevol)  128 Name and nodes of Points (Sevol)  129 Name and nodes of Points (Sevol)  120 Name and		3-2-1	Program	+				1111					1a++ho	N.T.C					
Removed from State    Description   Control			bryan		*** *** ***		. 10:							- GWS					
29. PLACE AND DETEROR TO BEPORTION   20b. PLACE AND DATE OF DEPORTION   20b. PLACE AND DATE OF DEPORT   20b. PLACE AND DATE OF DEPORTION   20b. PLACE AND DATE OF DEATH   20b. PLACE AND DATE OF DATE   20b. PLACE OF DEATH   20b.	THE PERSON NAMED IN COLUMN													20050					
## SECHATING OF PUMPHAL SERVICE LICENSES  ## SECHATING OF PUMPHAL SERVICE LICENSES  ## SECHATING OF PUMPHAL SERVICE LICENSES  ## P. A. SAME AND ADDRESS OF PACITY Mattingley—Gardiner Funeral Home, P. A.  P. O. Box 270 Leonardtown, Maryland 20  P. D. Each 18 Leonardtown, Maryland 20  P. D. Box 270 Leonardtown, Maryland 20  P. D. Each 18 Leonardtown, Maryland 20  P. D. D. Each 18 Leonardtown, Maryland 20  P. D. Each 18 Leonardtown 20  P. P. D. D. D. D. Each 18 Leonardtown 20  P. P. D.									cnar		-								
22. MANE AND ADDRESS OF FACILITY Mattingley—Gardiner Funeral Home, P.A. P.O. Box 270 Leonardtown, Maryland 20650 P.O. B			oval from State	cemetery c	cremetory or o	other place)	1		10 /	1									
P.O. Box 270 Leonardtown, Maryland 20650  23. PAIT   Enter the diseases, or complications that cased the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (			munne	Fort	_Linco	oln C	'eme	cery	12/	14/92	Bre	ntwoo	oa, Ma	aryland					
P.O. Box 270 Leonardtown, Maryland 20650  23. PART   Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  But to (or as a consequence or):  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  DUE TO (or as a consequence or):  DUE TO (or as a c	22. NAME AND ADDRESS OF FACILITY Mattinglev-Gardiner Funeral Home. P.A.																		
22. PART I   Enter the diseases, pre complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate interval Between Onset and Death of the Conditions	Mucha	eld.	Dardo	iner															
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	shock, or h IMMEDIATE CAUSE (Fir disease or condition	eart fallure.	a	ultik	ne. ele	Inic			ng, sucl	h aa card	lac or resp	fratory an	rest,	Approximata Interval Betwee Onset and Deat					
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in)u that initiated events	diate NG ry	с																
EXAMINER?  1   Impetite to   Certifier   Check only one)  27. MANNER AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  1   Netural   S   Pending Impetitent   Control of the basis of person who completed cause of Death   Control of the cause (s) and manner as stated.  284. DATE OF INJURY   Sec. INJURY AT WORK?  1   Netural   S   Pending Investigation   S   Death (Item 27) (North, Day, 19ar)   Control of the cause (s) and manner as stated.  286. DATE ROUTE # 5  286. DATE OF INJURY - At home, farm, street, factory, office   Could not be determined   Check only one)  287. LOCATION (Street and Number or Rural Route Number, City or Town, State)   HUGHESVILLE   STATE RT. #   S   CHARLES C   CHARLES C   Check only one)  288. DATE OF INJURY - At home, farm, street, factory, office   City or Town, State)   HUGHESVILLE   STATE RT. #   S   CHARLES C   CHAR	PART II. Other significent conditions contributing to death but not resulting						iderlylnç	j cause g	iven in	Part I.	PERFOR	RMED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
EXAMINER?  1   Inpetitent 2   ER/Outpatient 3   DOA   4   Mursing Home 5   Residence   EXIXING PLANE FROUTE # 5  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   Suicide   Good Plane   Suicide   Good Plane   Good P																			
1   Inpetient 2   ER/Outpettent 3   DOA   4   Nursing Home 5   Residence & Xither (Specify) STATE ROUTE # 5  27. MANNER OF DEATH  1   Netural 5   Pending Investigation   28s. DATE OF INJURY (Month, Day, Year)   28s. DATE OF INJURY   28s. DATE		MEDICAL	HOSPITAL					ACE OF DE	EATH (Ch	eck only on	D)								
Month, Day, Year   1				ER/Outpatient	3 🗆 DOA	4 Num	4: alng Hom	ie 5 🗆 Re	sidence	6XXXther	(Specify)ST	CATE	ROUT	TE # 5					
1 Netural Substitution   1 Netural Substitutio	27. MANNER OF DEATH		28a. DATE OF	INJURY Inv. Year)	28b. TIN	IE OF	28c. INJ	URY AT		28d. DES	CRIBE HOW	INJURY OC	CURED						
3 Suicide 4 Homicide 5 Could not be determined  286. PLACE OF INJURY — At home, farm, street, factory, office 5 ON ROAD  296. CERTIFIER (Check only one)  296. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  296. SIGNATURE AND TITLE OF PERTIFIER  296. SIGNATURE AND TITLE OF PERTIFIER  296. SIGNATURE AND TITLE OF PERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  12 - 11 - 1992  30. NAME AND ADDRESS OF PERSON WHO COMPLETES CAUSE OF DEATH (ITEM 27) (Type, Print)					,,,,,	M			NO	DRI'	VER J	IN AU	JTO/I	RUCK IM					
29e. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF PERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)	a Contata		28e. PLACE C	F INJURY - At I	home, farm,	street, fact	tory, offic-	•		28f. LOCA	ATION (Street	end Number	or Rural Rou	ite Number,					
296. CERTIFIER  (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  296. SIGNATURE AND TITLE OF CRITIFIER  296. DATE SIGNEO (Month, Day, Year)  1 2 - 11 - 1992  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)			building,		ON RO	OAD			ı				HUGH						
296. SIGNATURE AND TITLE OF PERTIFIER  Chute in O.C.M.E.  296. LICENSE NUMBER  296. LICENSE NUMBER  12-11-1992  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	(Check only			my knowledge,	death occurre	red at the ti				to the caus	se(s) and ma	nner as stal	ted.						
30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF DEATH (ITEM 27) (Type, Print)  O.C.M.E. 12-11-1992				Tallination enac	· investigatio		pinon, di				and place, ar								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	296. SIGNATURE AND TITLE	OF CHATIFIER	. 0	AI	1			29c. LICE	NSE NUM	ABER		29d. DAT	E SIGNEO (A	Aonth, Day, Year)					
	/	0 00 0	- 1	Cuu	ve u	n)		0.0	. М.	.E.		12	<u>2-11-</u>	1992					

IMPORTANT: If Item 28 I

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After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 seath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
the t	- C
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After this certificate has been signed by the attending physician and completely filled in by the death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remova	even
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	FOR 1 _ STATE	STATE OF I						ENTAL HYGIE	2	2 38085	)
	REGISTRAR		С	ERTIF	ICATE O	F DEA	TH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last) Mildr	ed Franc	es O'Co	nnor				DATE OF DEATH	DAY 199	3. TIME OF DEATH 10:15	P M
	4. SOCIAL SECURITY NUMBER 577-01-8179	5. SEX	6. AGE (In yrs. In 86	est birthday) YRS.	IF UNDER 1 YEA		MIN.	OMORTH DRY YEAR) Tuly 25,		BIRTHPLACE (State or Foreign Country) Vashington, D	
B C	98. FACILITY NAME (If not institution, give Villa Rosa Nui		9ь. сту, том Mitcl		ION OF DEAT	'н	9c. COUNTY OF DEATH Prince Georges				
1 5	RESIDENCE OF DECEDENT								1 111		
DIRECTOR	Maryland Prince Georges				y, town on Lo Mitchel		е			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
A	10e. STREET AND NUMBER					10f. ZIP COD	E		10g. CITIZI	EN OF WHAT COUNTRY?	
#	3800 Lottsford	Vista Ro	ad			207	16		Uni	ted States	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married	FORCES?	NT EVER IN U.S. A		If yes,	specify Cub	en, Mexican,	ORIGIN? (Specify ) Puerto Rican, etc.)	fes or No 1	4. RACE — American Indian, Black, White, atc.	
) BY	3 🔀 Widowed 4 🗌 Divorced		WAR OR DATES							Specify: White	
TED	(Specify only highest grad	(Specify only highest grade completed)			USUAL OCCUP work done during se retired.)	TION most of work	ing	15b. KIND OF E	USINESS/INDU	STRY	
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)			Hom	emaker			Own	Home		
S S	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAME	(First, Middle, Maid	en Surname)		
BE	Thomas Sarq	ent	Tucker			K	ather	ine	Ready		
2	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (Stre	et end Numbe	or or Rural Ro	ute Number, City or T	own, State, Zip (	Code)	
	Robert S. O'Conno	r	_				Road,			aryland 20874	1
	20e. METHOD OF DISPOSITION  1 N Buriel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of cemetary, crematory or other place)  20c. LOCATION — City or Town, State										
	4 Donation 5 Other (Specify) Gate of Heaven Cemetery 1/4/93 Silver Spring, Maryland 21. Signature of Funeral Service Licensee M00831 22. Name and address of Facility									no	
1	Robert A. Pumphrey Funeral Home/								ome/ 7557 Wisconsi 20814-3501	in	
23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory abock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  But To (or as a consequence or):  CARDIAC ARRIGATION ASSULTS  But To (or as a consequence or):  CARDIAC ARRIGATION ASSULTS  DUE TO (or as a consequence or):  Due TO (or as a consequence or):									at, Approximate Interval Between Onset and De		
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in						given in P	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO COMPLETION OF COMPLET			
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF	DEATH (Chec	k only one)			
PHYSICIAN:	1 TES 2 NO		☐ ER/Outpatient	3 🗆 DOA	OTHER: 4 X Nursing I	lome 6 🗆 F	Residence 6	☐ Other (Specify)	La	0 0	
ВУ РН	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  1 Natural 5 Pending  28a. DATE OF INJURY (Month, Dey, Year)  M 1 YES 2 NO							28d. DESCRIBE HO	W INJURY OCCI	URED	
8	2 Accident Investigation 3 Suicide 6 Could not be determined										
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated.										
BE	Rendan Outr	eln0					O I d			SIGNED (Month, Day, Year) 2-3/-92	
10	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CA	USE OF DEATH (17	TEM 27) (Typ	e. Print)	ney	Red L	LyatPu	://e M	1020781	
	31. DATE FILED (Month, Day, Year)  JAN 04 93		AR'S SIGNATURE		-			•			
	0.00	0									



	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 38086									
	1. DECEDENT'S NAME (First, Middle, Last)	David	Oudema	ns, demans		DATE OF DEATH DO	AY 92	EAR 3. TIME OF DEATH			
100	4. SOCIAL SECURITY NUMBER NOTE	1 M 2 - F		F UNDER 1 YEAR F UND ONTHE DAYS HOURS 2	MIN.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland			
TOR	ea. FACILITY NAME (If not institution, give a Holy Cross Hospit RESIDENCE OF DECEDENT			Silver S		N	Montgomery				
DIRECTOR	10a. STATE 10b. COUNT	gomery		TOWN OR LOCATION CKVille			10d. INSIDE CI LIMITS? 1 - YES 2)				
FUNERAL	100. STREET AND NUMBER  13917 Marianna D			101. ZIP CC	208	53	10g. CITIZEN OF WHAT COUNTRY? United States				
BY	11. MARITAL STATUS 1 X Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT If yes, specify Cu 1  YES 2 X N	ban, Maxican, F	ORIGIN? (Specify Yer Puerto Ricen, etc.)	s or No — 14	RACE — American Indian, Black, Whita, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of world) iffe. Do NOT use	k done during most of wor	rking	18b. KIND OF BU	SINESS/INDUS				
MPL	0		None			N/A					
	17. FATHER'S NAME (First, Middle, Lest)  Robert W. Oudema	ne				(First, Middle, Malden Herink	Surname)				
O BE	19a. INFORMANT'S NAME (Type/Print)	113	19b. MAILING A	DDRESS (Street and Numi			m, State, Zip Co	ode)			
۲	Robert & Anne Oud	lemans	Same								
	20e. METHOD OF DISPOSITION 1	Si	PLACE AND DATE OF other, cremetory or other Durban C	pisposition (Name of relace) rematory			LOCATION — City or Town, State  Lver Spring, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,										
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ofema	1 1	ali	20.w	reeks		interval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c										
ERTIF	that initiated events resulting in death) LAST	d. OF	CONSEQUENCE OF):	nionut	is						
MEDICAL	PART II. Other eignificant condition	s contributing to deeth be	ut not resulting in	the underlying coust	e given in Pa	rt i. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- 0	26. PLACE OF	DEATN (Check	only one)					
HYS	1 TYES 2 X NO 27. MANNER OF DEATN	1 Ochpetient 2 ER/Outp		☐ Nursing Home 5 ☐		Other (Specify)  Id. DESCRIBE NOW I	N May cook				
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year)	INJUE	WORK?  M 1 YES 2		IG. DESCRIBE NOW I	NJUNT OCCUP	ieu			
	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY building, etc. (Speci	and Number or	Rural Route Number,							
COMPLETED		ICIAN: To the best of my knowless: On the beals of examination						ause(a) and menner as stated.			
TO BE C	296. SIGNATURE AND LITLE OF CERTIFIED	h Kus		29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)				
F	Nancy N. Kato	or, M. D., 1	0313 Geor		, #202	, Silver	Sprin	g, MD 20902			
	JAN 05 '93	182, REGISTRAR'S SIGN	AND LEE								

NAME OF SECTION AND ADDRESS.

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	AMENDING PHYSICIAN: The law requires that the death certificate be execu-	Entire this certificate has been signed by the attending physician and
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TO THE HISTORY TO THE FILME DE RIED WITH
TO THE HIGH U. CALED MIS PHYSICIAN: The law requires that the death certificate be excused within 24 hours that earth Pays 6 may be retained by the hospital or attending. TO THE FIRST After this certificate has been signed by the attending physician and completely filled in the luminal director, page 5 should be detached for use as the before within the State Dept. of Health and Merital Hygiene prior to build, certificate, or remove.  IMPORTANT I have 28 to merked, or filem 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

	1 - FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF				92	2 3	8087
	t. DECEDENT'S NAME (First, Middle, Lest)	E O'HA	REC.GE			2. DATE OF MONTH	DEATH DAY	9	YEAR /	ME OF DEATH
	11/13 - 1. 7 (. )	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF				E (State or Foreign Jersey	
TOR	98. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  Columbia, MI)  96. COUNTY OF DEATH  Columbia, MI)									
DIRECTOR	10a. STATE 10b. COUNTY	NARD	-	LLICO	T CIT	7/			INSIDE CITY LIMITS? YES 2 \( \square\) NO	
FUNERAL		EN ROAD			2104Z			U.	N OF WHAT	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	NO	13. WAS DE If you, s	NIC ORIGIN? ( en, Puerto Ric fy:	Specify Yes or an, etc.)	No- 14	RACE — Ar Black, Whit Specify:	merican Indian, le, etc.	
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	When bland of	s usual occupation work done during most of working use retired.) hone Operator			NO OF BUSIN				
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Fritz Rosenbe	erger			18. WOTHER'S NA	Paul Mid	dle, Maiden Su	mame)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs Cecelia Sitzma:	n.	10006	Fox Den	and Number or Rural	Tricot	t cit	y Mac	21042	
	20 METHOD OF DISPOSITION  Description 3 Green Remove A Description 3 Green Remove A Green Remove	ral from State 20th	PLACE AND DATE of the terry cremetory or of Madonna			12/31			y or Town, St	Jersey
	21. SIGNATURE OF FUNERAL SERVICE LICE		7,	22. NAME A Harry	ND ADDRESS OF FA					Md 21043
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final- disease or condition resulting in death)	RESIRAT	ach line.	not enter the mo	ode of dying, suc	ch ee cardie	or reapire	ory arrea	it,	Approximate interval Batween Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part						Part I. 24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 M NO			AUTOPSY FINDINGS ABLE PRIOR TO METION OF CAUSE EATH? YES 2 NO
ICIAN		HOSPITAL:		OTHER:	LACE OF GEATH (Ch					
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, IN.	JURY AT NA	26d. DESCR	pecify) IBE HOW INJI	JRY OCCUP	RED	
TED BY	2 Accident Investigation							Number or	Rural Route N	'umber,
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated.									manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER			INED (Moger	h, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 2Z) (Type	Print)			1			7
	JAN 05 93 June Sander Manuel Suiter Manuel S									

C. Conline D'Harce

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New Escolia Sitrage 10000 fox Don Cond Elikeott City Md Liver

Malonya Cometerv 12/11 Fort Lee New Jersey.

Marry M Withke Maneral Home Inc. will old Columbia Pikeelilcort City of 11003

	FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTM CERTIFIC	MENT OF H	IEALTH AND ME	NTAL HYGIEN		38088		
	1. DECEDENT'S NAME (First, Middle, Lest) EILEEN ESTELLA		POSEY		2.	DATE OF DEATH		3. TIME OF DEATH 11:10 P. M		
	4. SOCIAL SECURITY NUMBER 577–26–8674	1 🗆 M 2XXF	69 YRS. MO	F UNDER 1 YEAR DATHS DAYS	HOURS MIN. 8	DATE OF BIRTH	8. BIR Cov	ATTNPLACE (State or Foreign unity) ndiana		
TOR	9a. FACILITY NAME (If not institution, give s 7708 Hanover Pkw RESIDENCE OF DECEDENT			Greenb	OR LOCATION OF GEATH		9c. COUNTY OF Prince	George's		
- DIRECTOR	Maryland Prin	ce George's	own on Locat				10d, INSIDE CITY LIMITS? VES 2 NO			
FUNERAL	7708 Hanover Pkw			20770		10g. CITIZEN OF WHAT COUNTRY? United States				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES 2 NO			CENDENT OF NISPANIC Of ecity Cuban, Mexican, Post 2. 2 WO Specify:	)RIGIN? (Specify Yes uerto Rican, etc.)	Yee or No—  14. RACE — American Indian, Black, White, etc.  Specify White			
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 Years	Coffege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei ACCOUNTI	done during modelired.)	st of working	Private	SINESS/INDUSTRY			
	17. FATHER'S NAME (First, Middle, Last)  James Ernest Jeni		2,000	ng Cic	18. MOTHER'S NAME (		Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Richard Mack Pose		196. MAILING AD	**	ATTICLESC					
	20s_METHOD OF DISPOSITION 1   Date   20s_Near No.   Date   20s_Location - City or Town, Steta   4   Donation   5   Other (Specify)   Date   Creenbell   Date   Date									
	21. SIGNATURE OF FUNERAL SERVICE LIC	lue		Ponald 4400 P	V. Borgwa owder Mill	ardt Fune: Road Be	ltsville	e, P.A. e, Md. 20705		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or responded, or heart failure. List only one cause on each lips.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):							Approximate Interval Batween Onset and Death		
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	is contributing to death b	out not resulting in the	he underlying	cause given in Part	t I. 24a. WAS AN A PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Check o					
ву Рну	27. MANNER OF OEATH  Neturel 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJU	URY AT 26d	28d. OESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be detarmined	Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28l. LOCATION (Street and Number or Rural Route Number, building, ste. (Spaciful)								
COMPLE		ICIAN: To the best of my know						e(s) and manner as stated.		
TO BE C	296. SIGNATURE AND TOTLE OF CERTIFIER	arbole			DIPOS					
	30. NAME AND ADDASS EPERSON WHO	OF A LIPAR	EATH (ITEM 27) (Type, Print	"Cl	luta	ma.				
	31. DATE 1416 (NO)1400193	32 REGISTROR'S SIGN	ATURANTE S							

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		neit narmit Pages 1 2 3 should	The period ages 1, 2, 5 should	
LAND 21215-0020	the hospital or attending physician	detached for use as the burial-tra		t once.
BALTIMORE, MARYLAND 21215-0020	SIGNAL COURT THE Beath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention physician.	he funeral director, page 5 should be	al.	IMPORTANT: If Item 28 is marked, at term 25 and a may injury, or other traumatic event, the medical examiner must be notified at once.
30X 68760,	te be executed within 24 hours after	sician and completely filled in by ti	prior to burial, cremation, or remov	traumatic event, the medical
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Course that the death certifical	been upped by the attending phy	of jor leastly and Mental Hygiene	3 shows any injury, or other
VISION OF VITAL	R ATTENDING PHYSICIAN	RECTOR: After this certifiate has	irs after death with the turn.	m 28 Is marked, of tenhal
ā	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this a	be filed within 72 hou	IMPORTANT: If Ites

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REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last	0		RTIFIC			2. DATE O	REG. NO.		_	
DAVID	W. POLMAR					MONTH	DAY		YEAR	3. TIME OF DEATH  10:30 PM
4. SOCIAL SECURITY NUMBER	8. AGE (In yrs. lest b	birthday) II	irthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			DECEMBER 31, 1			IV.JU PP	
578-26-3374					HOURS MIN.	(Month,	24 19	003	Countr	y)
9e. FACILITY NAME (If not institution, give	street end number)	0,	91	b. CITY, TOWN	OR LOCATION OF D	L				
4925 BATTERY LAN						CATT				
4925 BATTERY LANE #305 RESIDENCE OF DECEMENT  BETHESDA								MON	TGOM	ERY
10a. STATE 10b. COUN		10c. CITY, T	OWN OR LOCA	TION					10d. INSIDE CITY	
Maryland Mon	tgomery		Be	thesda						LIMITS?
10e. STREET AND NUMBER					1. ZIP CODE			THAT COUNTRY?		
4925 Battery Lan	ne #305				20814			USA	V	
11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN?	(Specify Yee o		14. RACE	— American Indian,
1 Never Married 200 Married	YES 2 XNO		If yes, sp	ecify Cuben, Mexic	an, Puerto Rican, etc.) Black			k, White, etc.		
3 Wildowed 4 Divorced			1 YES 2 XNO Specify						Speci	White
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECE	EDENT'S US	UAL OCCUPATE	ON	16b, K	IND OF BUSH	NESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Di	NOT use re	done during mo etired.)	ost or wonang					
9		Pro	priet	or/Own	er	Re	estaur	ant		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
Benjamin Polnoro	ff				Sara Go	odman				
19a. INFORMANT'S NAME (Type/Print)	4 10	19b. I	MAILING AD	DRESS (Street	and Number or Rural	Route Number	City or Town,	State, Zip	Code)	
Norman Polmar				hill P		Alexar				112
20a. METHOD OF DISPOSITION		20h BLACE AND	DOATEGE	NCDOCITION (N			40 100			
1X Buriel 2 ☐ Cremetion 3 ☐ Red 4 ☐ Donation 8 ☐ Other (Specify)	movel from State	King Da	avid	place) Memori:	al Garde	1/3	Fo.11	o Ch		W-
21. SIGNATURE OF PUNERAL SERVICE L	CONSTE	1	avid .		ND ADDRESS OF FA		rall			
1 DIX	1.1									
	1.1			Danz	ansky-Go	ldberg				
23. PART i. Enter the diseases, or	Hagan complications that	Caused the deat	h Do not	Danz:	ansky-Go Rockvil	ldberg le Pik	e. Ro	ckvi	11e.	Md.20852
23. PART i. Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that of	e on each line.		Danza 1170	ansky-Go Rockvil	ldberg le Pik	e. Ro	ckvi	11e.	
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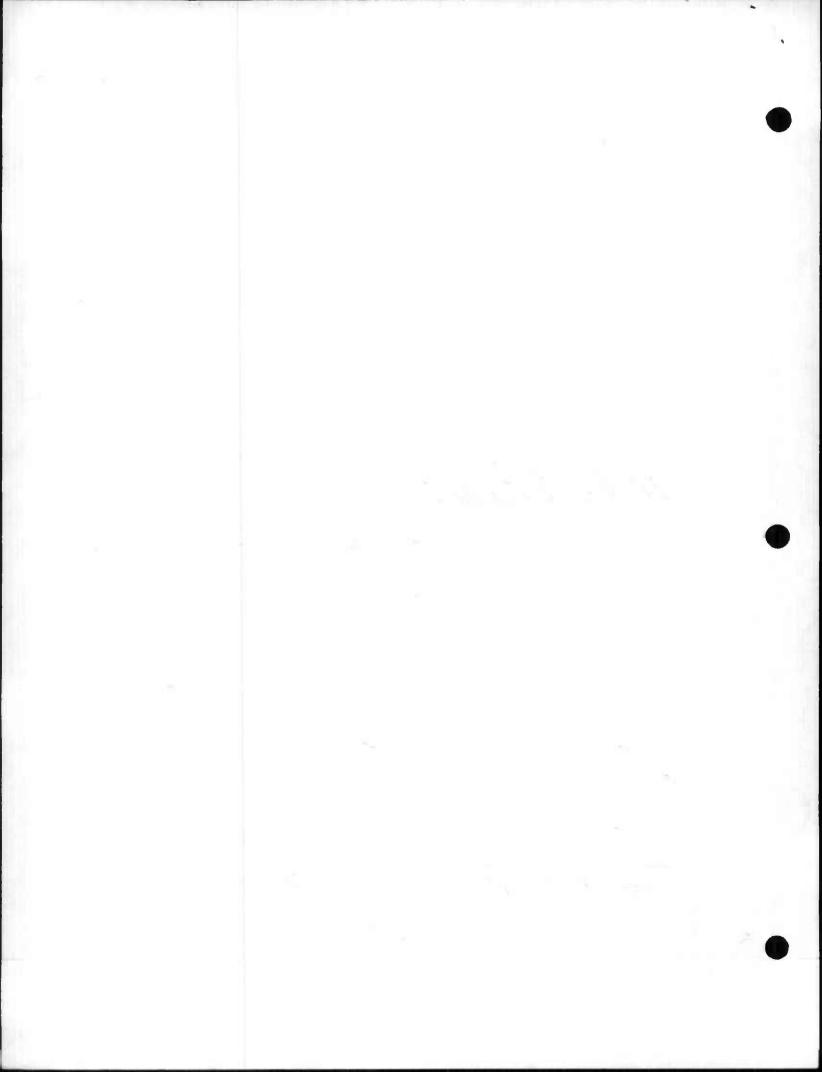
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TO THE MOSPITAL OF CITATION OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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David C. Allen,
31. DATE FILED (Month, Day, Year)

M.D.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR RTIF	TMENT ICATE	OF H	EALTH A	AND A		YGIEN		92	38090
	1. DECEDENT'S NAME (First, Middle, Last) Helen Mae Pilker	+02							2. DATE OF DEC.	DEATH D	AY 002	YEAR	3. TIME OF DEATH
	A SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	Statute 1	# UNDER						1992		1.7
	218-24-0055	1 🗌 M 2 🔀 F	F 91 YRS. MONTHS DAYS HOURS MIN.				March 22,1901 Mar			ryland			
TOR	96. FACILITY NAME (If not institution, give s St. Mary's Nursi RESIDENCE OF DECEDENT											t. Mary's	
DIRECTOR	10a. STATE 10b. COUNT	univ t. Mary's			10c. CITY, TOWN OR LOCATION  Mechanicsville							10d, INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2810 Sandgates Road				101. ZIP CODE 20659					10g. CITIZEN OF V			what country?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARK YES 2 NO WAR OR DATES		D 13. WAS DECENDENT OF HISPANIC OF If yes, specify Cuban, Mexican, Pue 1 YES 2 NO Specify:					, Puerto Rican, etc.) Biac			E — American Indian, k, White, atc. ity: White
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DEC	EDENT'S	USUAL OC	CUPATIO	N		16b. KIN	ID OF BU	SINESS/INC	DUSTRY	MILLE
COMPLETED	Elementary/Secondary (0-12) 7th Grade	College (1-4 or 5	+) ///O.	Do NOT us	se retired.)		st of working		U.	S. I	Post	Offi	.ce
BE CON	17. FATHER'S NAME (First, Middle, Last) William Leonard Wood  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Mary Melvina Wood												
TO B	190. INFORMANT'S NAME (Type/Print) William Archie Pi	lkerton							oute Number, (				20659
	20s, METHOD OF DISPOSITION 1 Serial 2 Cremetton 3 Rem 4 Donation 8 Other (Specify)	oval from State	20b. PLACE A	ND DATE	OF DISPOS	ITION (Na	me of		OATE	20c. LO	CATION -	City or To	
	21. SIGNATURE OF FUNERAL SERVICE LIC	EHSER	Sine	sept	22.1	Matt	ingle	y-G	ardine	r Fu	nera	l Ho	me, P.A.
	23. PART f. Enter the diseases, or ahock, or heart failure.	complications the	t caused the dec	th. Do r	not enter	the mo	da of dyln	g, such	n aa cardlec	or respi	retory an	reat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	1	nge on each line.	to	9	Re	eit	-	Fan	fa	re		Interval Between Onset and Death
-		DUE TO	(OR AS A CONSEQ	UENCE O	F):	3		/		55			
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQ	UENCE O	F):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	(OR AS A CONSECU	UENCE O	F):								
CE		d											
DICAL	PART II. Other significent condition	a contributing to	death but not re	aulting	In the un	derlying	cause glv	ven in i		PERFOR	MED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL									_				1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL					ACE OF OEA	ATH (Che	ick only one)				
YSI	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	4 Shur	t: ing Home	5 🗆 Resi	dence	8 Other (Sp	ecity)			
ву Рн	27. MANNER OF DEATH  1 Tetural 5 Pending Investigation	28a. DATE OF (Month, D		28b. TIM INJ	E OF JURY M	28c. INJU WO! 1 Y		NO	28d. DESCRI	BE HOW I	NJURY OC	CUREO	
8	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY At hom alc. (Specify)	ne, farm, s	street, facto	ory, office			28f. LOCATIO City or To	N (Street a	and Number	or Rural F	Route Number,
COMPLET		CIAN: To the best of											
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		- Indiana	-vestigatio	ri, iri miy o	pinion, de	29c. LICEN	_		ptace, an			) and manner as stated.  (Month, Day, Year)
0	30. NAME AND AGORESS OF PERSON WH	O COMPLETEO CAU	SE OF OEATH (ITEM	27) (Туре,	Print)		VI	5	30		1	2/1	7/92

D. 115 Washington St. Leonardtown, Md. 20650



FUNERAL DIRECTOR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

577-24-2474

MARYLAND

10s. STREET AND NUMBER

31. DATE FILED (Month, Day, Year)

11. MARITAL STATUS

353 LEEANNE ROAD

JACOB MELVIN PUSSLER

9e. FACILITY NAME (If not inetitution, give etreet and number)

VA MEDICAL CENTER, FT. HOWARD

BALTIMORE

10b. COUNTY

1XXM 2 - F

69

12. WAS DECEDENT EYER IN U.S. ARMED

YRS.

O	VSIC!	1
DIVISION	DR ATTENDING	Dipermon Ages of
	HOSPITAL DR	MEDA! DIDE
	TO THE HO	TO THE BUSINEDA
	,	,

21215-0020 If or attending physicis for use as the burial-t	BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 YES	S 2 NO	2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.)				
or attending or attending r use as the	ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S U	rk done during most of working	16b. KIND OF BU			
	APLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)	WESTER			
# 8 E	BE COMPL	17. FATHER'S NAME (First, Middle, Last) NICHOLAS PUSSLE	R		18. MOTHER:	S NAME (First, Middle, Maiden E			
	TO B	19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORD	S	196. MAJUNO A 9600 N	ORTH POINT RO	AD, FT HOWAR			
		20a. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 Real  4 Donation 5 Other (Specify)	moval from State	0b. PLACE AND DATE OF emetery, cremetory or othe T ANDREWS		DATE 20c. LC			
BALTIMOR after death. Page 6 mar after funeral director, p noval.		EDWARD N. BR	Withful -	77	22. NAME AND ADDRESS O BRINSFIELD				
ORDS, P.O. BOX 68760, that the death certificate be executed within 24 hours ed by the attending physician and completely filled in th and Mental Hygiens prior to burial, cremation, or set any Injury, or other traumatic event, the medi	MEDICAL CERTIFICATION	23. PART I. Entar the disesses, or shock, or heart feiture immediate CAUSE (Final disesse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.	s. PNEUMONI DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	t enter the mode of dying,	such as cardlec or reap			
OVYTAL VSICIAN: Ye iaw this ceruicate has it with the State Dept inked, or Item 23	BY PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1/2 Netural 5 Pending Investigation investigation	HOSPITAL: 1 \( \tilde{\Omega} \) Inpetient 2 \( \tilde{\Omega} \) ER/Ot 28e. DATE OF INJURY (Month, Day, Year	repatient 3 DOA 4	28. PLACE OF DEATN OTHER:   Nursing Home 5   Reside: DF   28c. INJURY AT YY WORK? M 1   YES 2   NO	(Check only one)  ince 8 Other (Specify)  28d. DESCRIBE NOW I			
SIC OR: A free de		3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, atc. (S)	RY — At home, farm, streecify)	net, factory, office	281. LOCATION (Street City or Town, State)			
HOSPITAL FUNERAL Within 72	E COMPLET		ER: On the beele of examinat		at the time, date end place, and in my opinion, death occured at 29c. LICENSE	the time, data and place, ar			
	2	36 NAME AND ADDRESS OF BEDSON W	Spym		D 30	528			

CETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randalle

BALA DUGGIARALA, M.D., 9600 NORTH POINT ROAD, FT. HOWARD, MD. 21052

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR | IF UNDER 24 HRS.

FORT HOWARD

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP CODE

21221

MIN.

DAYS

12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATN 92 YEAR 14 5:20P 7. DATE OF BIRTH (Month, Day, Year) 1/13/23 8. BIRTHPLACE (State or Foreign MARYLAND 9c. COUNTY OF DEATH BALTIMORE 10d, INSIDE CITY LIMITS? 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. WHITE ISINESS/INDUSTRY RN ELECTRIC Sumame) (DEAN) RD, MD. 21052 CATION - City or Town, State VARDTOWN, MARYLAND LEONARDTOWN, MD iratory street, Approximets Interval Between Onset and Death NAUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 NO 1 YES 2 NO NJURY OCCURED end Number or Rural Route Number, 29d. DATE SIGNED (Mgrith, Day, Year) 14 92

DIVISION VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

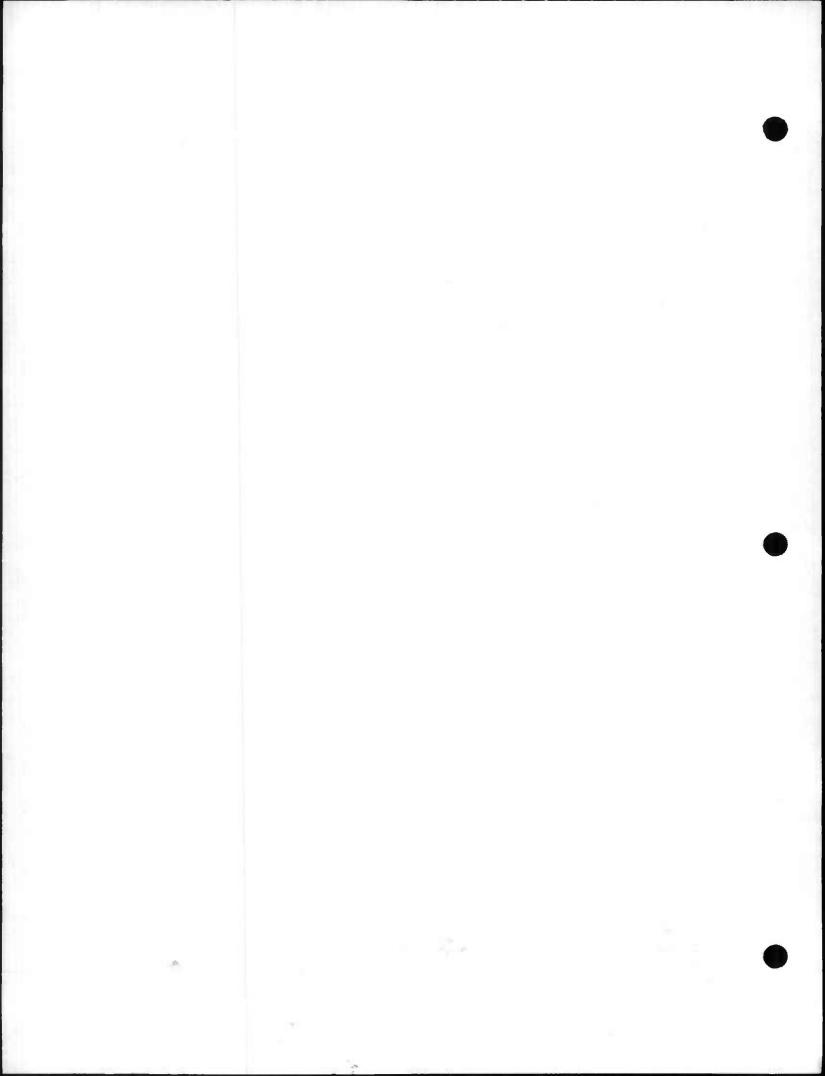
TO THE HOSPITAL OR ATENDAL PLANS The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEAL DIRECTOR for the confined has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after the Safe bopt. of Health and Mental Hyghere prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPAR	RTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIF	ICATE	OI	F DEAT	TH		REG	NO

	1 - STATE REGISTRAR	SIAIE UF MANT	LAND / DEPARTI CERTIFIC			MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last	M				2. DATE OF DEATH		3. TIME OF DEATH	
	Frances	G. Rohla	and			December :		2 10:41 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country)	
	219-36-7689	1 M 2 K F 84		ONTHS DAYS	HOURS MIN.		[	Virginia	
-	9e. FACILITY NAME (If not institution, give		litation	b. CITY, TOWN (	OR LOCATION OF DE		9c. COUNTY		
P.	Bethesda Retirem	ent &	Center	Chevy	Chase		Mon	tgomery	
딥	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	my .	10c CITY	TOWN OR LOCAT	ION			10d. INSITE CITY	
DIRECTOR	Maryland Mo	ntgomery	1000	hevy Ch				1 (1 YES 2 (1) NO	
	10e. STREET AND NUMBER	negomery			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
ER/	3206 Coquelin	Terrace			20815			d States	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Ye		RACE - American Indian.	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexican 2 X NO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify:	
								White	
冒	15. DECEDENT'S ED (Specify only highest grades)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during mo	ON est of working	16b. KIND OF BU			
12	Elementary/Secondary (0-12)	College (1-4 or 5 +)				Montgo	_	_	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	Teac	ner	10 MOTHER NA	Public WE (First, Middle, Melden		S	
	The state of the s	ifton Goo	odman		Victor				
BE	19a. INFORMANT'S NAME (Type/Print)	11 001 000		DDRESS (Street a		La W10	n. State. Zio Coo	fel	
5	Adolph C. Rohlan	đ						aryland 20815	
	20s. METHOD OF DISPOSITION 1 Durlat 2 LA Cremation 3 Re	20	Ob. PLACE AND DATE OF	DISPOSITION (Na			CATION - City		
1	4 Donation 6 Other (Specify)		emetery, crematory or other	Cremate	orium. Tr	1/2/93 Bet	hesda,	Maryland	
1	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	M00831	22. NAME AF	D ADDRESS OF FAC	Dhrey Rune	eral Ho	mo/	
	Barbara Jo M	6 Mullen Open	Mence	Bethe	sda-Chev	y Chase, I sda, Mary	nc. 75	me/ 57 Wisconsin	
	23. PART i. Enter the diseases /Di	r complications that cause	ed the death. Do not	Livello	e, bethe	sua, mary	lana z	0814-3501	
	ehock, or heart fallure iMMEDIATE CAUSE (Finel	e. List only one ceuse on	each line.			H2 17/4 15 1 1 1 1 1		interval Between Onset and Death	
	disease or condition	ASPIR AS	-10-1 6	21000	10201126			3-4244	
	resulting in death)	a. ASPIN AS	A CONSEQUENCE OF):	NEVA	MONTET			3-47213	
z		· a FLS	LEFT	HIP				6 WKC	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					1	
2	CAUSE (Disease or injury	If any, leading to immediate cause. Enter UNDERLYING							
1 4 1	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
IEI	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
CERT		c.  DUE TO (OR AS	A CONSEQUENCE OF):						
AL CERTIFICATION		d		the underlying	g cause given in	Part I, 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
A.	resulting in death) LAST	ons contributing to deeth		the underlying	g cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
A P	PART II. Other significant condition	ons contributing to deeth	but not resulting in		\$	Part I. 24a. WAS AN PERFO	RMED?	AVAILABLE PRIOR TO	
A P	PART II. Other significant condition  OSTED POROSI	ons contributing to deeth			\$	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
A.	PART II. Other significant condition  OSTED POROSI	ons contributing to deeth	but not resulting in	26. PI	\$	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
A P	PART II. Other significant condition  OSTED POROST  HYPERTENS  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 27 ES 2 \( \) NO	HOSPITAL:	but not resulting in	26. PI	Disco	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	PART II. Other significant condition  OSTED POROSI  LYPERTENSE  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  127ES 2 NO  27. MANNER OF DEATH	ons contributing to deeth	but not resulting in	26. Pt OTHER: IS-Norsing Homo Dry 28c. INJ.	ACE OF DEATH (Che	PERFO	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 -NO	
A.	PART II. Other significant condition  OSTED POROST  LYPERTENS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1/2/ES 2 \( \) NO  27. MANNER OF DEATH  1 \( \) Notural 5 \( \) Pending Investigation	HOSPITAL:    I   Inpetient 2   ER/Ou   28s. DATE OF INJURY (Month, Dey, Year)	but not resulting in	26. PI  THER:  (G-Harring Hom  Y  M 1	ACE OF DEATH (Che to 5   Residence unry AT rRK? YES 2 NO	PERFO 1 YES : 2 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURI	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  OSTED FOR OSTE  YPERTENS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:  1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Sp	but not resulting in	26. PL  THER:  (E-Norming Hom  WO  M  1   1	ACE OF DEATH (Che to 5   Residence unry AT rRK? YES 2 NO	PERFO 1 VES :	INJURY OCCURI	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
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ED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  OSTED POROST  LYPERTENS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Medicide 6 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:  1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Sp	but not resulting in  input of the control of the c	26. PL  OTHER: (B-Horising Hom  OF 28c. INI.)  M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (Che to 5   Residence trick? YES 2   NO	PERFORMANCE OF THE PERFORMANCE O	INJURY OCCURI PECCO and Number or R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 -NO  EO  UR # NUT  turel Route Number,  HOSSING N.J.	
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  STED POROST  LYPERTENS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (SICIAN: To the best of my kno	but not resulting in  Interest 3 DOA 4  28b. TIME ( INJUST  TY — All home, farm, streecity)  TY — Wiedge, death occurred in end/or investigation,	26. PI THER:  (E-Norming Hom WO 1   Thet, factory, office at the time, date In my opinion, d	ACE OF DEATH (Che to 5   Residence triping and triping and place, and due teeth occured at the	PERFO  1 VES :  20 Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  ELL N  281. LOCATION (Street City or Town, State VIF-IF-ING  to the cause(e) and ma	INJURY OCCURI and Number or F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  EO  UR # WT  Turel Route Number,  NOSCING Number,  Number as stated.	
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition  OSTED POROST  HYPERTENS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetient 2   ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY (SICIAN: To the best of my kno	but not resulting in  Interest 3 DOA 4  28b. TIME ( INJUST  TY — All home, farm, streecity)  TY — Wiedge, death occurred in end/or investigation,	26. PI THER:  (E-Norming Hom WO 1   Thet, factory, office at the time, date In my opinion, d	ACE OF DEATH (Che to 5   Residence triping and triping and place, and due teeth occured at the	PERFO  1 VES :  20 Ck only one)  5 Other (Specify)  28d. DESCRIBE HOW  ELL N  281. LOCATION (Street City or Town, State VIF-IF-ING  to the cause(e) and ma	INJURY OCCURI and Number or F	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  EO  UR # WT  Turel Route Number,  NOSCING Number,  Number as stated.	
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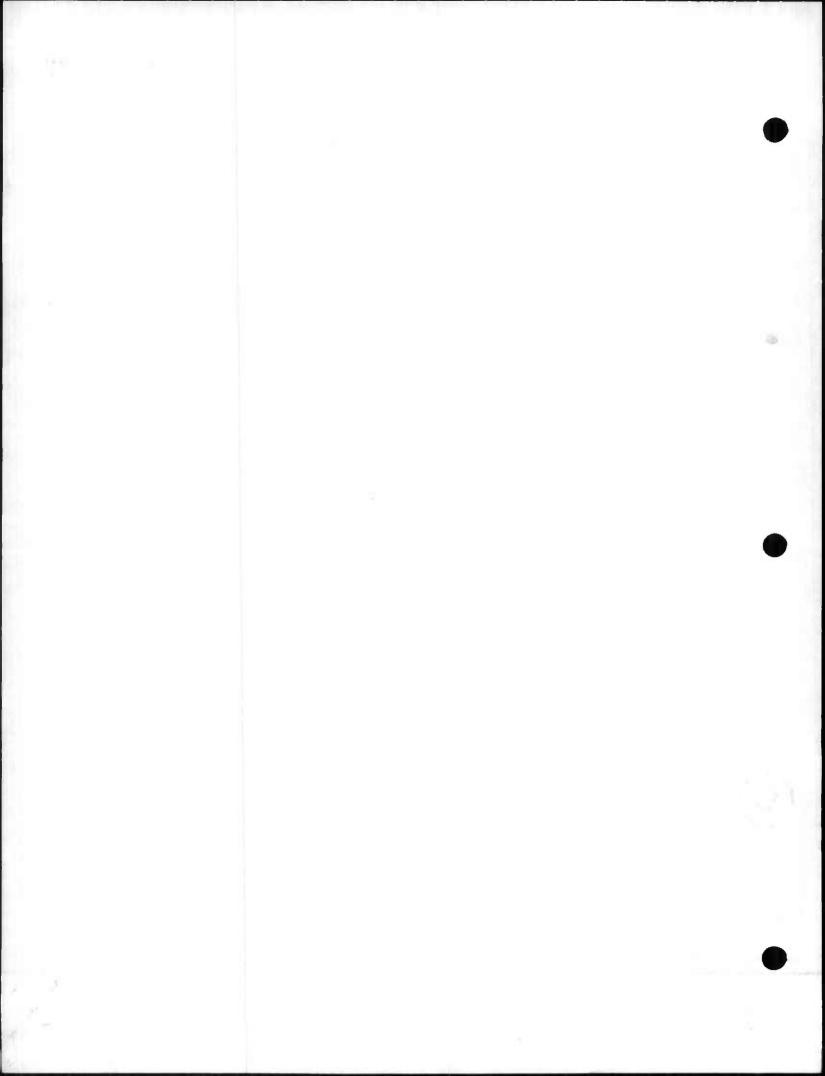
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Ę	TO THE HOSPITAL OR THE WIND THE CAME THE IAW requires that the death certificate be executed within 24 hours after of	TO THE FUNERAL DIFFECATE After a certificate has been signed by the attending physician and completely filled in by the	10	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical e
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	1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTII						HYGIENE REG. NO.			
	1. DECEMENT'S NAME (First, Middle, Last)	T. RUE	FIN) I	IOAI		DEA		2. DATE OF MONTH		- O'	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest birthday,	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, I	BIRTH Pay, Year) 24	1 0 2	Country) _	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give s		66 THS.	9b. CIT	Y, TOWN (	OR LOCATH	ON OF DE			9c. COUNTY	_	New York
OR	ANNE ARUNDEL H	OSPITAL			INAP			3000				JNDEL
DIRECTOR	10a. STATE 10b. COUNT	Y	10c, C	TY, TOWN	OR LOCAT	TION					10	d. INSIDE CITY
	MD. ANNE	ARUNDEL	7	WEST	RI	VER						LIMITS?
FUNERAL	10e. STREET AND NUMBER				101	. ZIP CODE				10g. CITIZEN	OF WHA	T COUNTRY?
JNE	251 OWENSVILL  11. MARITAL STATUS	E RD  12. WAS DECEDENT/EV	ER IN U.S. ARMED	112		2077		AIC OBIGINS	Specify Yes o		U.S.	
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	YES 2 NO		If yes, sp		n, Mexica	in, Puerto Ric		r 14,	Specify:	American Indian, hite, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'	work done	during mo	ON st of workin	ng .	16b. K	IND OF BUSIN	ESS/INDUST	RY	-
PLE	Elementary/Secondary (0-12)	Coffege (1-4 or 5 +)  △	MECHA		,	FNCT	NEE	ום סי	RIVAT	E TNI	חזופי	PDV
NO.	17. FATHER'S NAME (First, Middle, Last)	-1	1 MECH	ZIVIC	עם,				Idle, Maiden Su		005.	LKI
BE (	ALEXANDE	R	RUFFIN					RY		OCCI		
2	19a. INFORMANT'S NAME (Type/Print) CHRISTINE A.	RUFFINI			SS (Street s		or Rural I	Route Number,	City or Town,	State, Zip Coo	de)	
	20a. METHOD OF DISPOSITION  **E Burlal 2 Cremation 3 Rem		20b. PLACE AND DATE	OF DISPO	SITION (Na		_	OATE	20c. LOCA	TION — City	or Town,	State
	4 Donation 5 Other (Specify)	1	Cemetery, Cremetory or LAKEMONT			EMET			29/92	Dav:	idso	onville, N
	21. SIGNATURE OF FUNERAL/SERVICE ON	2-By	h	r		MA F	UNE	RAL 1				CARROLL
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that car	used the death. Do	not ente	er the mo	de of dyl	ng, suc	h aa cardia	C Or reapira	tory arrest	<u>200.</u>	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Canci	estive H	f-11.	y f	7.1/	110					Interval Between Onset and Death
	resorting in degrin	QUE TO JOR	AS A CONSEQUENCE	OFT:	. (	140	0					
ON	Sequentially list conditions,	b	AS A CONSEQUENCE	SO/	1128	221	(ar	CCUIC	ma	-		
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Unce	satollec	Da	tru	16	cB,	Ple	eller	-		
E	that initiated events resulting in death) LAST	DUE TO ION	AS A CONSEQUENCE	OF):	16	1/	6	1:	- 0			
CER		d. Tille	iosciero,	77 -	/K	W	1	regea	ex.			
CAL	PART II. Other significant condition	a contributing to des	th but not resulting	in the c	inderlying	g cause g	given in	Part I. 2	4a. WAS AN AL PERFORM		AW	RE AUTOPSY FINDINGS VILABLE PRIOR TO
MEDICAL								— I ¹	YES 2	M6	OF	MPLETION OF CAUSE DEATH?
					_						1 {	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF D	EATH (Ch	eck only one)				
HAS	1 YES 2 NO	1 Inpatient 2 ER/		4 🗆 Nu			sidence	8 Other (S	Specify)			
BY PI	1 Natural 5 Pending Investigation	(Month, Day, Ye		JURY M	WO	RK?	] NO	zed. Deşci	TIDE NOW INJ	URY UCCUR	EU	
ED	3   Suicide 6   Could not be determined	26s. PLACE OF INJ building, etc. (	JURY — Al home, farm, (Specify)	street, fe-	ctory, offic	•		28f. LOCATI City or	ION (Street and Town, State)	Number or F	Rural Route	Number,
COMPLET		ICIAN: To the best of my k									waste' -	
8	296. SIGNATURE AND STLE OF CENTIFIES			, niy	Spirmott, 0	29c, LICE						d manner as stated,
O BE	Coggri	- MO				Di	319	97		12	/25	152
IF	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F SHATM STEM 375 /T-	s Separt	-			. /		-	-	

MD 16 Murrey
32 REGISTRAR'S SIGNATURE
Fulia Davidor Modern

GORDON

31. DATE FILED (Month, Day, Year)
DEC 28 92



3. TIME OF DEATH

YEAR

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 6	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	The second secon
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4:20 pm Frances Riggs Siple December 31,1992 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign August " 1 M 2 KF YRS. 263-41-5684 94 1898 Minnesota permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1216 Fallsmead Way Rockville Montgomery RESIDENCE OF DECEDENT 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 1216 Fallsmead Way 20854 United States 24 hours after death, Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

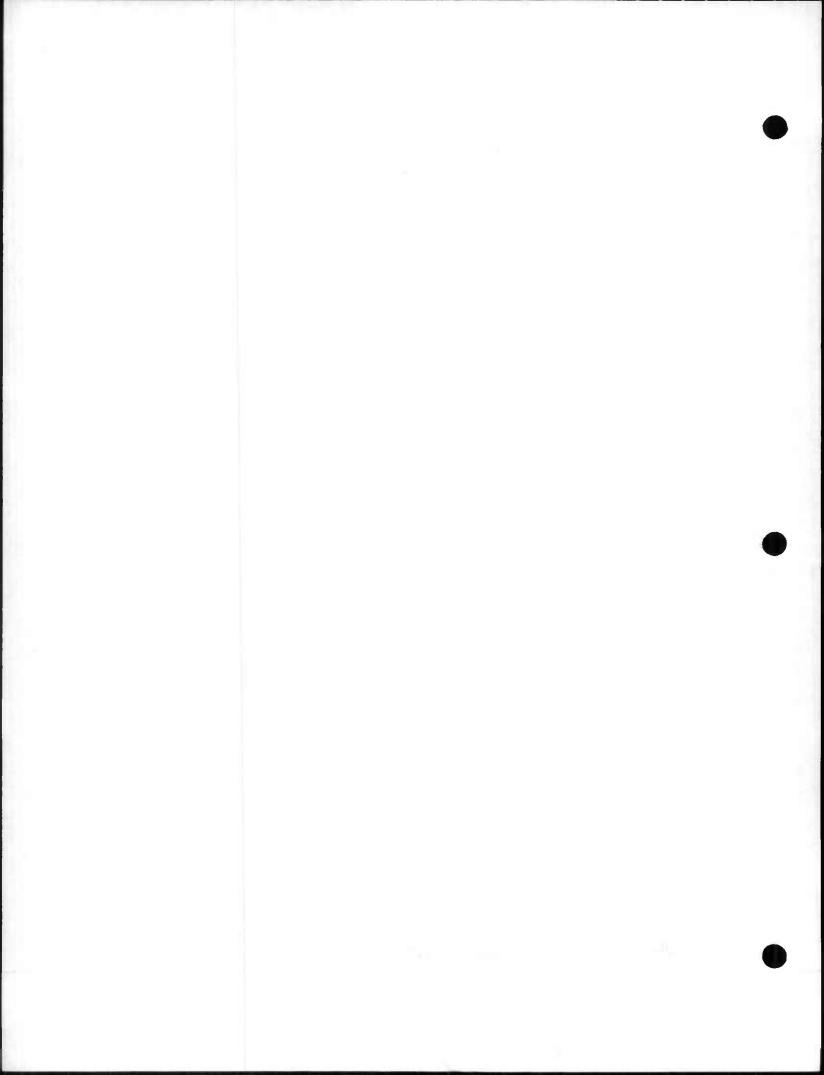
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gro COMPLET è Elementary/Secondary (0-12) ege (1-4 or 5+) detached 4 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ page 5 should be Frederick Riggs BE Anne Muir notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Fallsmead Way Rockville, Maryland 20854 Barbara Lloyd pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must director, 1993 Inc. netory or other place) January 1, gomery Crematorium Montgomery Bethesda, Maryland examiner 22. NAME AND ADDRESS OF FACILITY
Robert A. Pumphrey Funeral Home/
Bethesda- Chevy Chase, Inc. 7557 Wisconsin
Avenue Bethesda, Maryland 20814 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral removal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Est only one cause on each line. and completely filled in by burial, cremation, or remo Approximata Interval Between **IMMEDIATE CAUSE (Final Onset and Death** or other traumatic event, the disease or condition resulting in desth) Atherosclerotic Heart Disease nted within DUE TO (OR AS A CONSEQUENCE OF): Hypertension CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician an Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO Sick Sinus Syndrome with Permanent Pacemaker COMPLETION OF CAUSE 1 TYES 2 TH NO OF DEATH? Adult Onset Diabetes Mellitus 1 YES 2 NO f. of has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate I death with the State HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me 5 Anaidence 8 Other (Specify) 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT is marked, 1 🔀 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 6 Could not be DIRECTOR: COMPLETED 28 4 Homicide item item 29e. CERTIFIER (Chack ank) 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated, TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 h 2 \_\_\_ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Sinderson, MD Thomas D19144 January 1, 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Thomas G. Sinderson M.D. 6410 Rockledge Drive #200 Bethesda, Maryland 20817 #2. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) '93 JAN 04 whie Davidson Bandage

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

DAY

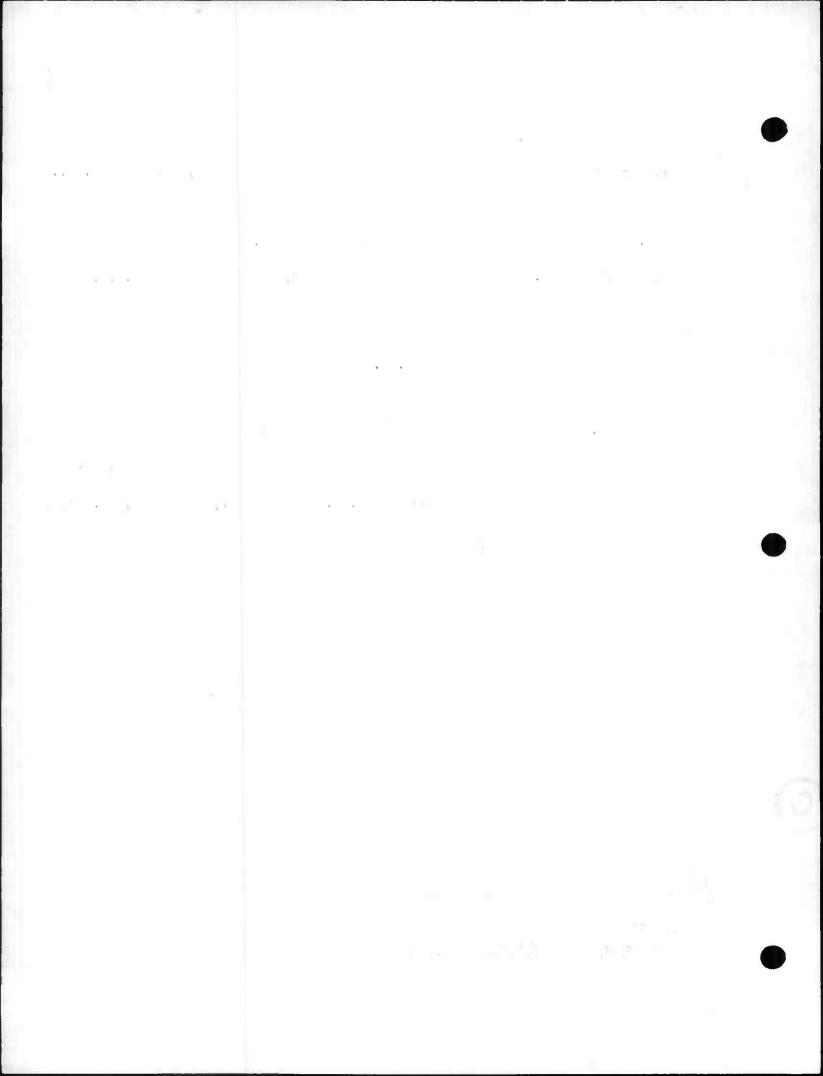


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL, OR ALTERDATION PROSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with me State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR		STATE OF N	IARYLANI	D / DEPART	MENT OF	HEALTH AND	MENTA	I HYGIEN	92	38095
1 - STATE REGISTRAR				CERTIFIC	CATE O	F DEATH	III LI	REG. NO	_	
1. DECEDENT'S NAME (First, A	fiddle, Last)						2. DATE	OF DEATH	AY	3. TIME OF DEATH
DAMIAN		В.			STOKE	ES	12			92 1:25 pm
4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs		F UNDER 1 YEA		7. DATE	OF BIRTH h, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
577-92-1662	1	1 M 2 F	20	O YRS.	ONTHS DAY	HOURS MIN.		E 13.	1972	WASH. D.C.
9a. FACILITY NAME (If not insti	tution, give str	reet and number)		9	b. CITY, TOW	N OR LOCATION OF D				TY OF DEATH
3330 CURT	IS DR	IVE #20	) 1		TEMP	LE HILL			PRI	NCE GEORGES
RESIDENCE OF DECE	DENT			40. 0000					1 10	
MD.		CE GEORGE	7.01	10c. CITY,	TOWN OR LO		,			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	FILING	E GEORGE	10 10		плик	REST HGTS	) •			1 YES 2 NO
And a second state of the second						101. ZIP CODE			10g. CfTi2	EN OF WHAT COUNTRY?
	TIS DI					20746				U.S.A.
11. MARITAL STATUS  1 Never Married 2 X M	tarried	12. WAS DECEDENT FORCES? 1,	YES 2	. ARMED		ECENDENT OF HISPA specify Cuban, Mexic			s or No—	14. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorce		ACTIVE			1 🗆 1	ES 2 NO Speci	Wy:			Specify: BLACK
15. DECEI	DENT'S EDUC			. DECEDENT'S US	BILL OCCUP	TION	1 400	, KIND OF BU	1	
(Specify only I: Elementary/Secondary (0-1:				(Give kind of wor	rk done durina		l roc	I. KIND OF BU	SHIESS/HID	DSINT
12	"	College (1-4 or 5 +	'	U. S.	. NAVY	•			DEFEN	ISE
17. FATHER'S NAME (First, Midd	dle, Last)				14411	18. MOTHER'S NA	AME /Elm/	Adiobello Administra		
DAVID		STOKES				CONSTA			BIN	McCAULEY
19a. INFORMANT'S NAME (Typ)	e/Print)	0101110		19b. MAILING A	DORESS (Street	et and Number or Rural				
TAMMY S.	STO	OKES		SAME	AS	ITEM #10		Dar, City or Ion	m, State, Zip	Code)
20a. METHOD OF DISPOSITIO		X030	20b Pl A	CE AND DATE OF			DAT	E 200 LC	CATION (	City or Town, State
1 Donation 5 Other (S		val from State	cemetery	Cremetory or othe	HUNDTA	L CEMETER	RY 12	1		AND. MD.
21. SIGNATURE OF FUNERAL		ENSEE 1		TO OLLY 11		AND ADDRESS OF F		/ Jr.	SOLIL	MIND , IND .
allal	11		61/	M00091		390.00000000000000000000000000000000000				E, MD. 20737
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, ate	DUE TO		ISEQUENCE OF):	stat	- (no mo	lo	8 #	ead	Onset and Death
PART II. Other significant	conditions	contributing to	death but no	ot resulting in	the underly	Ing cause given in	Part I.	24e. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
1911				1 1 1 1 1 1 1 1 1 1 1 1				PERFO	RMED?	AMULABLE PRIOR TO COMPLETION OF CAUSE
								YES :	NO I	OF DEATH?
										1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL				26	DI ACE OF DEATH (C)	book ook o			
EXAMINER?		HOSPITAL:	EDIO : "		THER:	PLACE OF DEATH (C)				
27. MANNER OF DEATH		1 Inpatient 2 I		28b, TIME (	Nursing H	ome KResidence		F (Specify)	At M Ima	unen.
1 Natural 5 Pe	ending	(Month, De		INJUR	TY .	WORK?	100			CHNCHOM
E PROGRAMA	restigation		/1992	l home, farm, stre		YES Z NO				EDWOUND
	ould not be termined	building,	atc. (Specify)			TICE	3013	3 Own, Street	RTIS	DRIVE #201
				AT HO			TE	MPLE	HILL.	S MARYLAND
(Check only						ate end place, end due				
2 XIXMEDICA	L EXAMINER	I: On the basis of ex	amination end	/or investigation,	In my opinion	, death occured at the	ilme, date	end place, er	d due to the	cause(e) and memner as stated.
29b. SUBMATIVINE AND TITLE O	F CERTIFIER	1 1	_	^ ^		29c. LICENSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)
Car	0-	Corp	الع	W		O.C.N	1.E.		<b>1</b>	2/26/1992
30. NAME AND ADDRESS OF P	ERSON WHO		E OF DEATH							
NOTH-1	loc	1	) 111			et, Bali	timo	re, M	larv]	and 21201
31. DATE FILED (Month, Day, Ye.	loc	1	) 111	Penn		et, Bali	timo	re, M	laryl	and 21201



detached for use as the burial-transit permit. Pages 1, 2, 3 should

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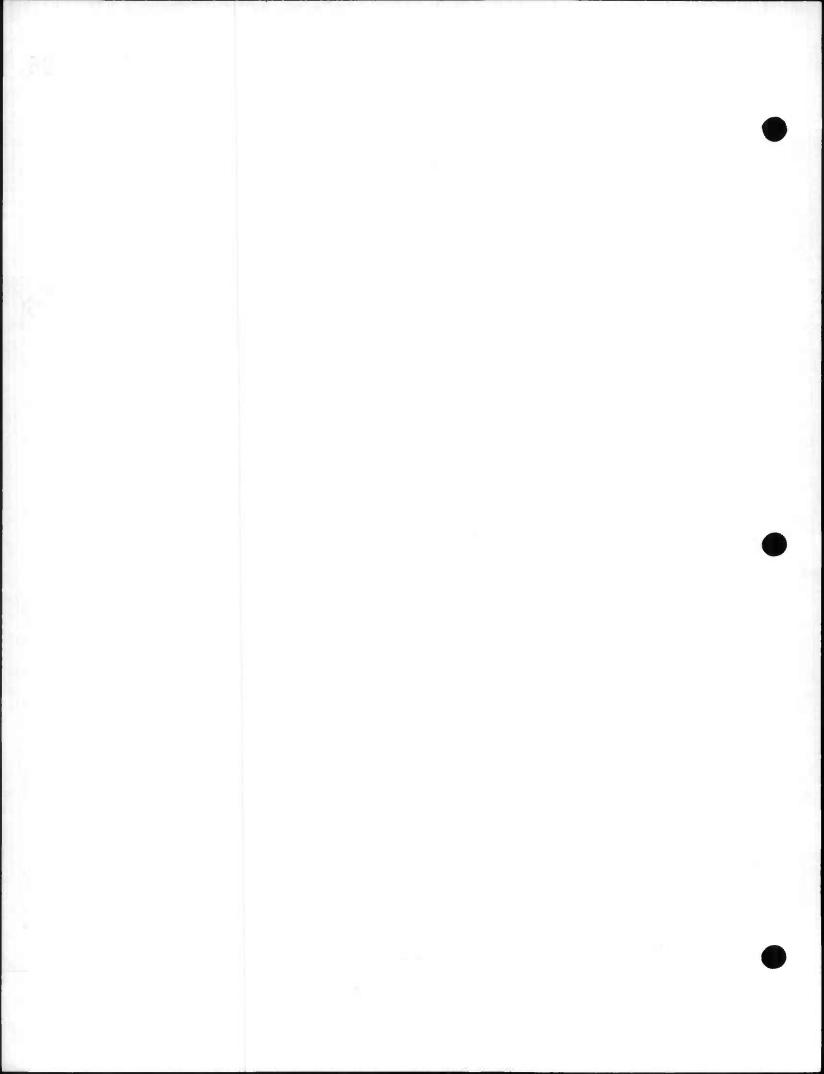
funeral director, page 5 should

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DIVISION BENTLAL RECORDS, P.O. BOX 68/60,	0	0 2
	E HOSPITAL OR ATTEND AND PLANTAN: The law requires that the death certificate be executed within 24 nours after de	E FUNERAL DIRECTOR ATTENDED CONTICATE has been signed by the attending physician and completely filled in by the find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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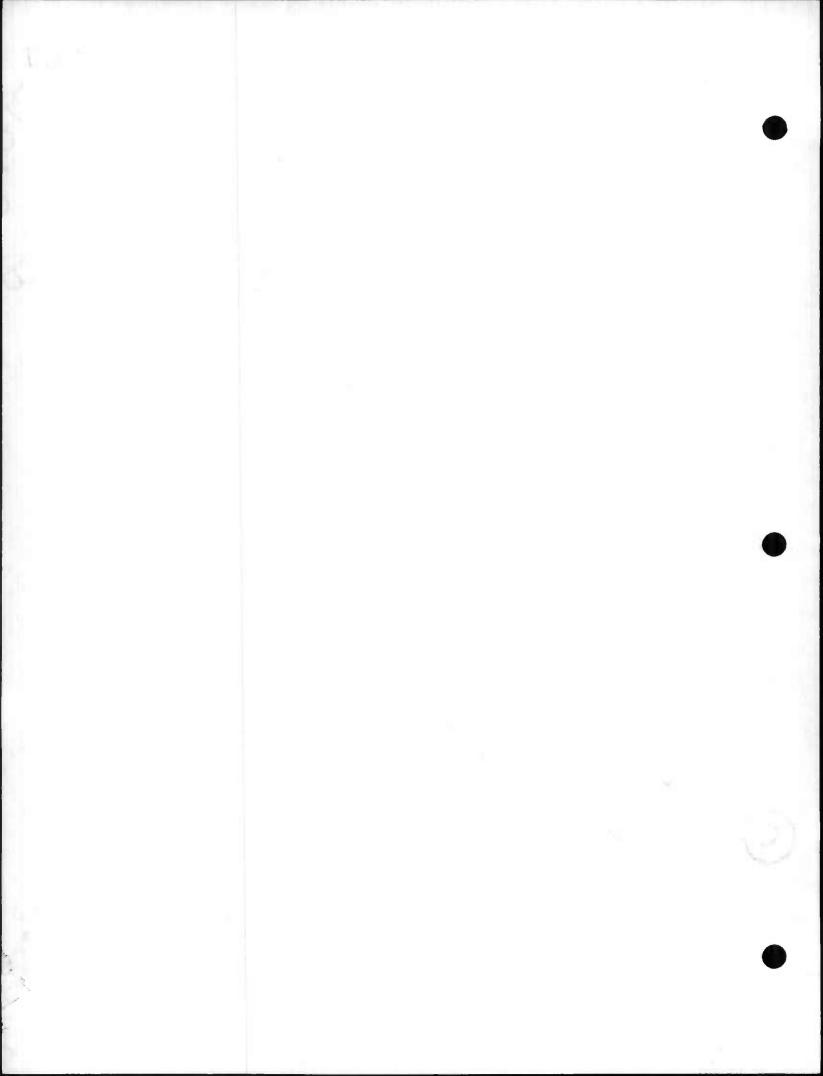
STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH CLARA Clara Wirginia Stratford 12-30-92 YEAR op A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 19-18-19 214-14-4420 1 - M 2 KF 73 Maryland se. FACILITY NAME (If got institution, give erre Prince Georges 9b. CITY, TOWN OR LOCATION OF DEATH Laurel DIRECTOR "Mary and 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince Georges Laurel LAUREL 1 YES 2 NO FUNERAL 100. STREET AND NUMBER Street 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20707 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 WKNO Specify: Black IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) 7th Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William M. Matthews Gertrude Brooks BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 515 8th Street, Laurel, MD Stratford (Daughter) Delores pe 20s. METHOD OF DISPOSITION
1 DC Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Maryland Nat'l Mem. Pk.1/5Laurel, MD 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home, P.A. 2de Rockville, MD 20850 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Find Cardiac Arrlythmia Onset and Death the disease or condition resulting in death) CARDINE ARRHYTHMIQ TO THE HOSPITAL OR ATTENDED CONTINUED has been signed by the attenumy property to burial, cremate the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremate the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremate the filed within 18 is marked, or item 23 shows any injury, or other traumatic event, important: if item 28 is marked, or item 23 shows any injury, or other traumatic event, importantly items and items and items are considered. Arter foscrerotic Cardiovascular Disease RTERIOSCIENTIC CARDIOVASCULAR DISEASE Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate Cause Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Mellitus - Insulindependent PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 WES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: petient 2 ER/Outpatient 3 DOA me 5 K Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED th, Day, Year) 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. Bejory medical 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) canlusely D01852 12-31-92 \*Aming 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 4203 Queensbury Rd Hyattsville MD 20781 DEVORE MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 05 '93 JAN Lika Deviden Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



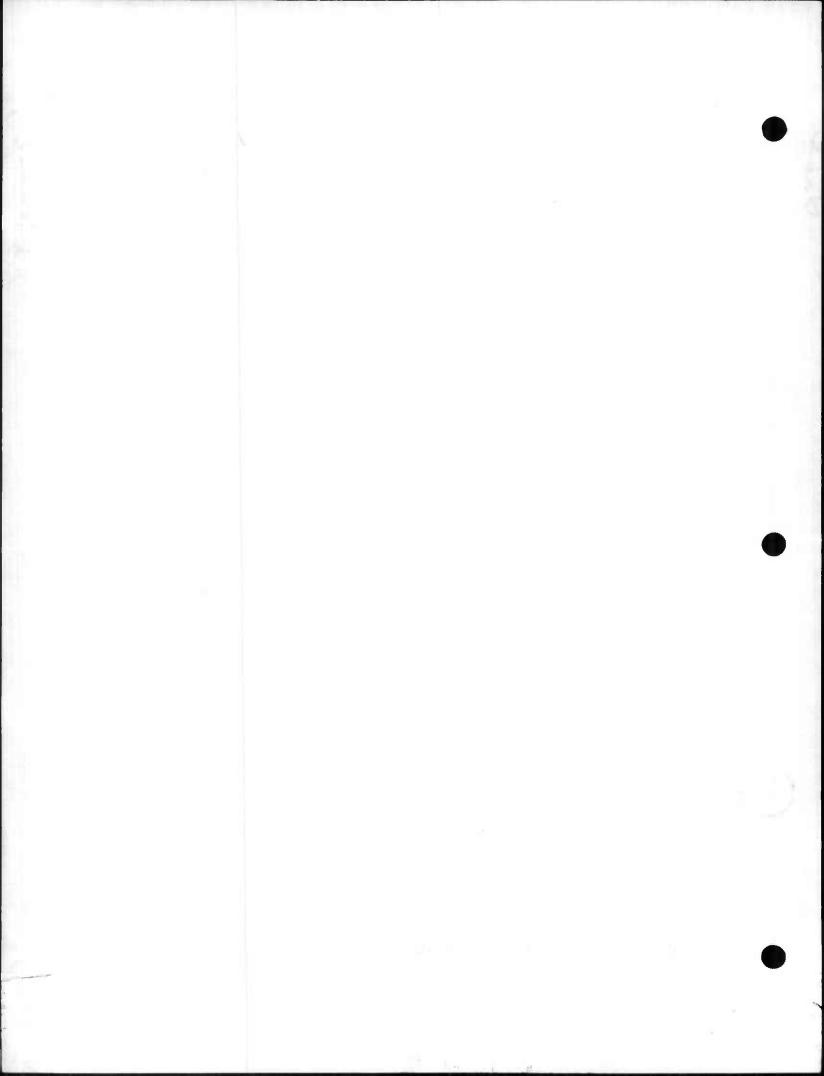
	BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page many that the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once
( F	Prision OF VITAL RECORDS, P.O. BOX 68760,	TO THE HANDLE MATHORICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNE TO SELVE After this certificate has been signed by the attending physician and completely filled in by the ibe filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Nem 28 is marked, or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	8 Da	inten	Sagle,	Jr.	2. DATE OF DEATH MONTH DA	Y PAR	3. TIME OF DEATH // 1/5 PM
1	216-05-8855	1X M 2 D F 7	n yrs. lest birthday) 4 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MM.	7. DATE OF BIRTH (Month, Day, Year) JUNE 7, 19	918 Mar	yland
TOR	9a. PACILITY NAME (If not institution, give stre	S HOS	ital	· ·	Spring	тн	Montgon	
DIRECTOR		gomery		y, town or Locat	Spring			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF 1	WHAT COUNTRY?
FUNERAL	12325 New Hampshi	LIE AVENUE  12. WAS DECEDENT EVER IN	III A ADMICO		20904		United	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANIC ocity Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	Spec Spec	E — American Indian, k, White, etc. My: Uhite
COMPLETED	15. DECEDENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of a life. Do NOT us	USUAL OCCUPATION Work done during more retired.)	ON st of working	16b. KIND OF BUS		
MP		4	Accoun	tant			Governm	ent
	17. FATHER'S NAME (First, Middle, Last) Wilmer B. Sagle,	Çn.				E (First, Middle, Malden :	,	100
BE	19a. INFORMANT'S NAME (Type/Print)	51.	19h, MAILIND	ADDRESS /Street a		e Grace Gr		
은	Brinton Sagle				kebay, WA		r, State, ZIP GOOE)	
	20e. METHOD OF DISPOSITION 1	ral from State 20b.	PLACE AND DATE ( elery, crematory or	DEDISONSTION (No	mont	DATE 20c. LOC	CATION — City or To	wn, State a. MD 20910
	21. SIGNATURE OF FUNERAL SERVICE LICE  Cleen	NSEE Ra	PP	22. NAME AP	ID ADDRESS OF FACI			
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused let only one cause on ea	ich line.	ot enter the mo	de of dying, such	as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, b.	HEART DUE TO (OR AS A CHRONIC DUE TO (DR AS A TO BACC	FAILU CONSEQUENCE OF OBST CONSEDUENCE OF	RUCTI	VE PUI	LMONAR	y Dise	months many year
MEDICAL	PART II. Other significant conditions Coronary as true assured to the SIP COLO TO		the not resulting of the notion of the notio		resuse given in Province to the AKE.	24a. WAS AN PERFORM 1 YES 2	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	NOV -	OTHER:	ACE OF DEATH (Check	k only one)		
PHYSICIAN:	1 TYES 2 TYNO  27. MANNER OF DEATH	1 Inpatient 2 NER/Output 28a. DATE OF INJURY	etient 3 DOA		■ 5 □ Residence 6	Other (Specify)	ILIEN OCCUPED	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK7	red. DESCRIBE NOW IF		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, alc. (Speci	— Al home, farm, a	treet, factory, office		261. LOCATION (Street a. City or Town, State)	nd Number or Rural I	Route Number,
COMPLETED		AN: To the best of my knowle						and manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	MD			29c. LICENSE HUMB		29d. DATE SIGNED	
-	30. NAME AND ADDRESS OF PERSON WHO CLAUDE ROSE	COMPLETED CAUSE OF DEA		Print) 12/11 PR	INCE PH	ri Lith de	BLNEY /	Nd 20832
	31. DATE FILED (MONH), Day, 16er)	32 REGISTRAR'S SIGNA	TURE					



38098 92

	1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT OF H		NTAL HYGIENE REG. NO.	92 38098							
	1. DECEDENT'S NAME (First, Middle, Last)	0		2.	3. TIME OF DEATH								
		DRY SINGLE	FION		12 - 30	- 90 _ 11:57 Ann							
		S. SEX 6. AGE (In yrs. last I	MONTHS DAVE	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Mar)	8. BIRTHPLACE (State or Foreign Country)							
		2(M2□F 38	YRS.		(Month, Day, Nor) 54	WASHINGTON, D.O.							
6	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH												
Ē	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?  MARYLAND MONTGOMERY SILVER SPRING 1 Ves 2												
	MARYLAND MONTGO	1 YES 2 NO											
₹	10e. STREET AND NUMBER	31	10g. CITIZEN OF WHAT COUNTRY?										
FUNERAL	11644 LOCKWOOD DRI			20904		USA							
5	11. MARITAL STATUS  1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO	If yes, spe	ENDENT OF HISPANIC Cocify Cuban, Mexican, Po		No— 14. RACE — American Indian, Black, White, etc.							
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TES	2 🔀 NO Specify:		Specify: WHITE							
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		EDENT'S USUAL OCCUPATIOn kind of work done during mos		18b. KIND OF BUSINE								
9			Do NOT use retired.)	or working	HOVE TO	(DD OVERVENIE)							
MP G	12	CA	ARPENTER			1PROVEMENT							
5 3	17. FATHER'S NAME (First, Middle, Last)	First, Middle, Meiden Sun											
B	LUTHER RICHARD SINGLETON MARTHA SUE KIRKPATRICK												
5	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20904  1 AURA I SINCIETON (LITEE) 11644 I OCKLIOOD DRIVE #104 CITY VIEW CROSSING MADNIAND												
2	LAURA L. SINGLETON (WIFE) 11644 LOCKWOOD DRIVE #104 SILVER SPRING, MARYLAND  20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION (Name of place) 20s. PLACE AND DATE DISPOSITION (Name of competent c												
SAE	1\( \) Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)		atory or other place) NT CEMETERY			SONVILLE, MARYLAND							
ě	21. SIGNATURE OF FUNERAL MERVICE LICEN		22. NAME AN	D ADDRESS OF FACILIT	Υ								
Exal	1 dayst					L HOME, INC.							
8	23. PART I. Enter the dipleases, or con	npilcations that caused the deal	th. Do not enter the mod	de of dying, such as	cardiac or reapirate	SIL.SPR., MD. 20901 tory arrest,   Approximate							
2	Interval Between tables. List only one cause on each line.												
Ě	disease or condition resulting in death)	PROFUSE BLEED	FROM NECK	( PROBAB	LE CHROT!	1) BLOW) AFROX 11/12							
5	DUE TO (OR AS A CONSEQUENCE OF):												
Injury, or other traumatic event, the medical examiner must be notified at once.  AL CERTIFICATION  TO BE COM	Sequentially list conditions, if any, leading to immediate  B. SQUEMOUS CELL CANCER NECK (RECURRENT)  DUE TO (OR AS A CONSEQUENCE OF):												
TA ITA	cause. Enter UNDERLYING SOUMERLE CETT CANCER ARYNY												
IFI DI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQU	JENCE OF):	, <u> </u>									
CERTIFICATION	resulting in death) LAST												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
-				grown with a min	PERFORME	ED? AMAILABLE PRIOR TO							
: MEDIC					1 🗆 YES 2 📝	OF DEATH?							
						T TES 2 NO							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Check of	only one)								
- I	and the second of	IOSPITAL:  Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Home	5 🗆 Residence 6 🗆	Other (Specify)								
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY WOR		I. DESCRIBE HOW INJU	JRY OCCURED							
D BY PH	2 Accident Investigation			ES 2 NO									
е ш	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, etc. (Specify)	e, farm, street, factory, office	281	City or Town, State)	Number or Rural Route Number,							
ZET I	29a. CERTIFIER			72.55									
COMPLET	(Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, dest				r ee stated. lue to the cause(s) and manner se stated.							
	296 RIGHATURE AND TITLE OF CERTIFIER	the state of the s	T any opinion, de										
	Mary W	NJUM KHAN, MUS	GEORGE WASA	29c. LICENSE NUMBER 7.5. 4373	21	9d. DATE SIGNED (Month, Day, Year)							
유	30, NAME AND ADDRESS OF PERSON WHO C	FELSER OF SURGERY,				12.31.92							
	2150 PENN. AVE,  31. DATE FILED (MORTH, Day, Year)	N.W. WASHIN	IRGERY, GET	20037	8117NG 707	) ItOSP, MBD, CENTER							
	JAN 04 93 \$	32. REGISTRAN'S SIGNATURE	2										



	2 3 should	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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INSICIAN.	rial-trae		
ic day requires that the update certificate be executed within 24 froms after bearn. Fage o may be retained by the hospital or attending physical control of the control of	he bu		
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		EPARTMENT RTIFICATE			MENTA	AL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest)			ALB			2. DAT	E OF DEATH	31-9	YEAR 2. TIME OF OEATH	> N		
	4. SOCIAL SECURITY NUMBER 557-12-2869	1 □ M 2/2/F	(In yrs. lest bir 73	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Apri	of BIRTH	1919	8. BIRTHPLACE (State or Foreig Country) Ohio	חק		
TOR	9a. FACILITY NAME (If not institution, give a Brookgrove Nursing RESIDENCE OF DECEDENT				ney	OR LOCATION OF E	DEATH			OMERY			
DIRECTOR	100. STATE 100. COUNTY Maryland Montgo		1	oc. CITY, TOWN OF Silver	-			10d. INSIDE LIMITS?					
BY FUNERAL	1120 Spotswood I	100. STREET AND NUMBER 1120 Spotswood Drive							EN OF WHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	N U.S. ARMEC 2XXNO ATES	H	yes, sp	endent of Hispa ecity Cuben, Mexic 2XXNO Spec	an, Puerto	N7 (Specify Yea Rican, atc.)	or No-	14. RACE — American Indian, Black, Whita, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give k	DENT'S USUAL OCC kind of work done du NOT use retired.)	ring mo	st of working	16	T.R.C		STRY			
COMP	17. FATHER'S NAME (First, Middle, Lest)	4	Offi	ce Mana	Surname)								
TO BE	Gerald Rexroad  19a. INFORMANT'S NAME (Type/Print)		19b, M	AILING ADDRESS	UNKNOWN Asher  NILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Walter Salb  1120 Spotswood Dr., Silver Spring, Maryland 20905  20a. METHOD OF DISPOSITION 1 Burdal 2 Grammation 3 Ramoval from State  20b. PLACE AND DATE OF DISPOSITION (Name of commetery, grammatory or other place)  20c. LOCATION — City or Town, State												
	4 M Yongeron 5 Orpar (Specify)	22. NAME AND ADDRESS OF FACILITY Columbia Mortuary Services, Inc. 225 Missouri Ave. NW Washington, DC 20011											
TION	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentielly liat conditions, if any, leading to immediata	List only one cause on a	CONSEQUE	Lew Note of:	ha mo	da of dylng, au	ch as car	diac or respi	ratory arre	Approximate interval Batw Onset and Da	reer		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUE	NCE OF		troct	un						
MEDICAL	PART II. Other significant condition	e contributing to death b	ut not reau	illing in the und	erlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?  1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 CES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outp	entiant 3 🗆 E	OTHER:		ACE OF DEATH (C)					_		
	27. MANNER OF DEATH  1 Netural 5 Pending	26e. OATE OF INJURY (Month, Day, Year)	28		Bc. INJI WOI	URY AT RK?		SCRIBE HOW II		REO			
TED BY	2 Accident investigation 3 Suicide 8 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Spec	effy)			(2)		ATION (Street a or Town, State)	nd Number of	Rural Route Number,	i		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINED	CIAN: To the best of my know	ledge, death o	occurred at the tim	e, date	and place, end du	to the ca	use(s) and man	ner ea stated				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Sandre		con		29c. LICENSE NU	MBER			SIGNED (Month, Day, Year)			
-	30. NAME AND ACCRESS OF PERSON WHO	COMPLETEO CAUSE OF DE		(Type, Print) 218 W	SC	Bons (N)	Av	R	173	na mo			
	JAN 04 '93	Prince Deviden	ATURE	٤	_				4 44				

and the second second

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or injury that initiated events resulting in death) LAST

4 Homicide

1 -

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

P.O. BOX 68760,

IMPORTANT: If Item 25 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED

RECORDS	and the state of the state of
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HONOF	- Transferrence

LRE	law req	has been
NOFWIT	HITCHART TO	A STATE OF
DIVISION	L OR ATTENDING	DIRECTOR After
_	TO THE HOSPITAL	TO THE FUNERAL DIRECTOR
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												92	38100		
FOR STATE REGISTRAR		STATE OF I	MARYL					EALTH DEAT		MENTAL HYGIEI REG. NO					
1. DECEDENT'S NAME (First,		PHYL	LIS 1	LOUIS	E S	IMPS	ON			2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH			
Phyllis Simpson										12 2		92	10:55a.™		
4. SOCIAL SECURITY NUMB	ER	5. SEX	B. AGE (	'In yrs. lest t	oirthday)	IF UNDE	R 1 YEAR	IF UNDER 2	4 HPIS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	THPLACE (State or Foreign		
212-19-6624		1 🗌 M 2 💢 F	78		YRS.	MONTHS	DAYS	HOURS	MINI.	7/27/14			JAMAICA		
94. FACILITY NAME (If not ins	stitution, give a	treet and number)				9b. CIT	Y, TOWN C	R LOCATIO	N OF DE	ATH	9c. COL	UNTY OF D			
MONTGOME:	RY GE	NERAL H	HOSP	TTAL	. [	0.	lney				Mon	teon	omery		
RESIDENCE OF DEC											11011	08011	Offict y		
	10b. COUNTY						OR LOCAT	ION					10d, INSIDE CITY LIMITS?		
MARYLAND	MON'	TGOMERY				WHEA	TON.						1 YES 2 NO		
10e. STREET AND NUMBER							101	ZIP CODE			10g. CI	FIZEN OF W	VHAT COUNTRY?		
3601 WELLER	ROAD							2	2090	6	JAMAICA				
11. MARITAL STATUS  1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES.												White, etc.			
	DENT'S EDU						CCUPATIO	N st of working		16b. KIND OF BI	JSINESS/IN	DUSTRY			
Elementary/Secondary (0-	12)	College (1-4 or 5	+)	Ma. D	Iffe. Do NOT use retired.)										
12				H	HOUSEWIFE										
17. FATHER'S NAME (First, Mic	ddle, Last)					18. MOTHER'S NAME (First, Middle, Maiden Surname)									
JOHN ST	URN		_			LEONORA WHITTINGHAM									
19a. INFORMANT'S NAME (7)	pe/Print)			19b.	MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)										
RONALD G. S	IMPSO	N (HUS)	BAND)	) 36	01 V	<b>VELL</b>	ER R	OAD	WHE	ATON, MAR	YLAND	209	06		
20a. METHOD OF DISPOSITH 1 \( \infty \) Buriel 2 \( \to \) Cremation 4 \( \to \) Donation 5 \( \to \) Other (	3 🗆 Reme	oval from State	cem	etery crems	CEANDOATE OF OISPOSITION (Name of crematory or other place) TE OF HEAVEN CEMETERY 01/02SILVER SPRING, MARYLAND								wn, State		
21. SIGNATURE OF FUNERAL	SERVICE LIC	CHSEE	0			22.	NAME AN	D ADDRES	S OF FA	CILITY					
Steve	uDC	tional				5	00 U	NIVER	SIT	LLINS FUNI	. SIL	.SPR	, INC.		
23. PART I. Enter the did shock, or he	seases, or c	complications the	t caused ise on e	the deat	h. Do n	ot enter	r the mo	de of dyln	g, suc	h as cardiac or resp	piratory a	rrest,	Approximate interval Between		
iMMEDIATE CAUSE (Find disease or condition resulting in death)	ni <b>→</b>	Come	a	with	a	no	ric.	anci	efol	ralopath	7		25 Lay		
		DUE TO	(OR AS A	COMPEOU	ENCE OF	7):	1	<			1				
Sequentially list conditions. Cardiofulinonary Arrest											23 days				

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

Praumonia, Wrinamy track intection dialetts hellions WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Wrinamy 1 VES 2 AO and oris OF DEATH? metabolic 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

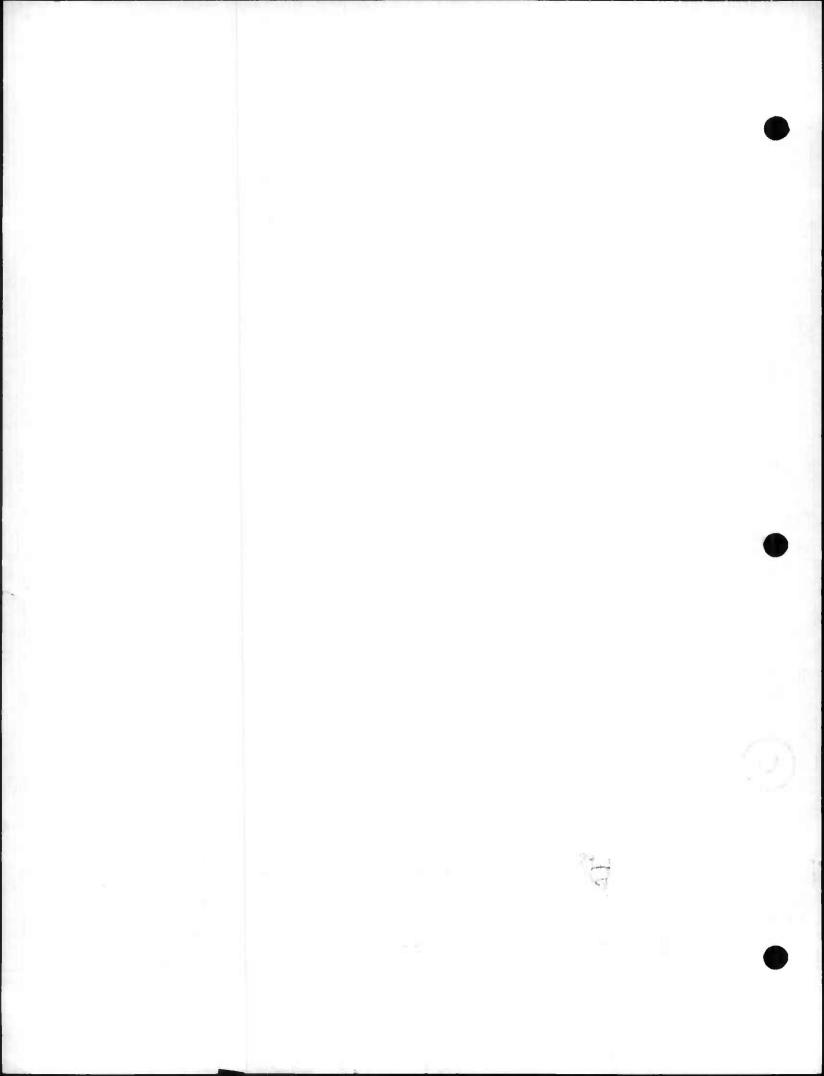
EXAMINER? HOSPITAL:
1 inputient 2 in ER/Outpatient 3 in DOA OTHER: 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, facto building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 8 Could not be determined

29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CEPTIFIER

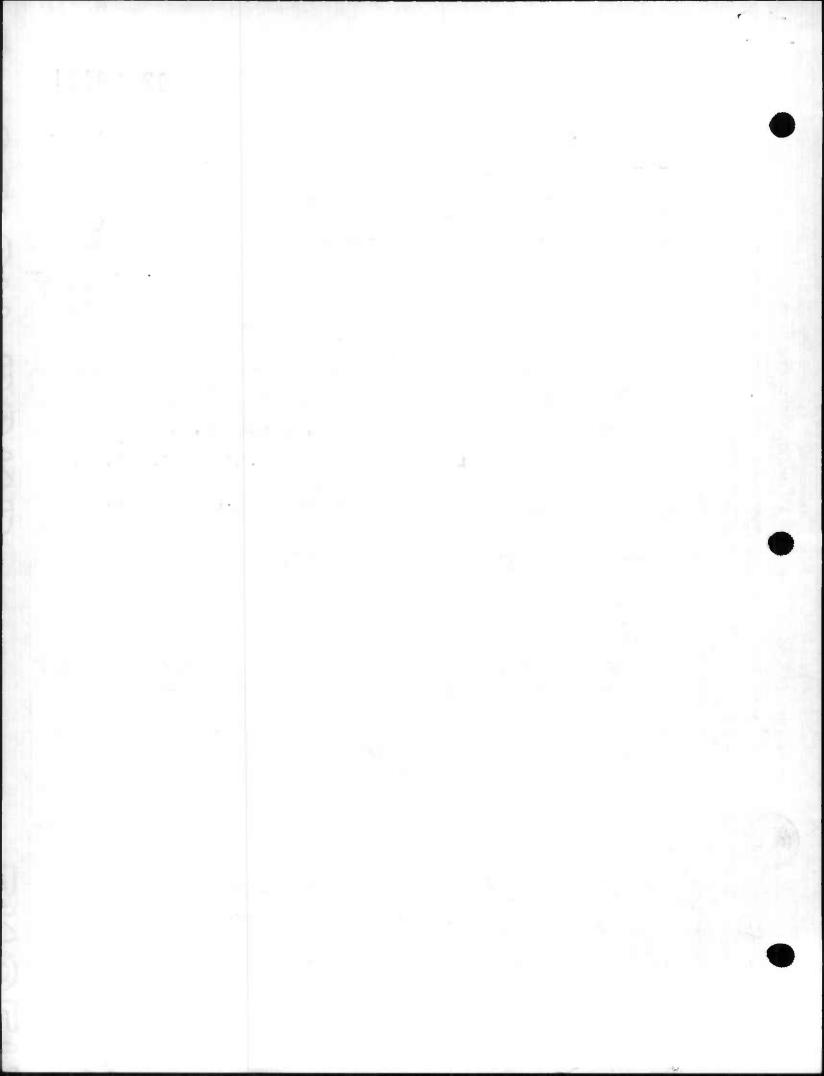
290. SIGNATURE AND TITLE OF CEPTIFIER		D 28791	29d. DATE SIGNED (MIGHT, Day, Your)  12 27/92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 10401 Old Georgetown RJ Bethesda	41)	20814:	Roger Leonard mo

Deorgitann VCJ 32/REGISTRAR'S SIGNATURE SAME DEVICE DEVICE DEVICE SIGNATURE JAN 04 93



THE HISTOR OF VITAL RECORDS, P.O. BOX 68760, THE HISTOR OF VITAL RECORDS, P.O. BOX 68760, THE HISTOR OF A TRAINING PHYSICIAN: The law requires that the death certificate be executed within 2. Journal of the function of the property of the property of the physician and completely filled in by the functial director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within a time death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
---

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
MARIE A.	SELLMAN							12 31	92	6:45 P.		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	-	8. BIRTH	IPLACE (State or Foreign	
217-22-5051A	1   M 2   YF	89	YRS.	MONTHS	DAYS	HOURS	MIN.	10 1 19	03	Count	ermany	
9e. FACILITY NAME (If not institution, give a	treet and number)	0,		9b. CITY	Y. TOWN	OR LOCATI	ON OF D		9c. COUNTY OF DEATH			
Cherrywood Man		ne Her		D.	oiet	oret	25.772		Ra	1+im	oro	
RESIDENCE OF DECEDENT	JI NUISI	ng non	ie	Reisterstown Baltimore							ore.	
10s. STATE 10b. COUNT	,		10c. CIT	TY, TOWN	OR LOCA	TION				10d. INSIDE CITY LIMITS?		
Maryland How	ward		E.	llic	ott	City					1 YES 2 XNO	
10e. STREET AND NUMBER					10	H. ZIP COD	E		10g. CI	TIZEN OF	WHAT COUNTRY?	
8458 Church Land	9				2	1043				U.S.	Α.	
11. MARITAL STATUS	12. WAS DECEDED			13.	WAS DE	CENDENT (	F HISPAI	NIC ORIGIN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	s (Avo			S 2X NO		in, Puerto Rican, etc.) y:			w. White			
15, DECEDENT'S EDU	CATION	e. DECEDENT'S	USUAL C	CCUPATI	ON		16b. KIND OF BU	SINESS/IN	DUSTRY			
(Specify only highest grade Elementary/Secondary (0-12)	(Give kind of life. Do NOT u House	ise retired.)	dunng m	ost of world	ng							
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S			HER'S NA	ME (First, Middle, Meiden	Sumama)			
Frederick Drey	er					2000		rie Risin				
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRES	S (Strant			Route Number, City or Tow	n, State 7	(lo Code)		
Doris Hirth			Facility of the Control					cott City,		100	3	
20a. METHOD OF DISPOSITION		20b. P	LACE AND DAT		_			DATE 20c. LO				
1 N Buriel 2 Cremation 3 Rem	oval from State		udon L				.Т	an.5,1993				
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	/	odon i	22.	. NAME A	ND ADDRE	SS OF FA	CILITY			1101	
> Harry	71. W	its	The state of					KE FUNERAL			ty,Md.21043	
Sequentially list conditions, if any, leading to immediate	ь	OR AS A C	ONSEQUENCE O	DF):		ue,						
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in daeth) LAST	c	O (OR AS A CO	ONSEQUENCE O	CE OF):								
	d										i	
PART II. Other algnificant condition	ha contributing to			in the u	inderlyi	ng ceuse	given in	Part i. 24a. WAS AN PERFO	RMED?	241	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 - NO	HOSPITAL:	☐ ER/Outpati	ent 3 🗆 DOA	OTHE 4 IM	A-			6 Other (Specify)				
27. MANNER OF DEATH  1 Netural 6 Pending Investigation	26e. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	_ NO	28d. DESCRIBE HOW	NJURY O	CCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE building	OF INJURY — I, etc. (Specify,	At home, farm,	, street, fa	ctory, off	ice		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
cond only								e to the cause(e) end ma e time, data and place, a			s) and manner as stated	
29b. SIGNATURE AND TITLE OF CERTIFIE	Sure	1 mc	)			29c. LIC	ENSE NU	8304	29d. D/	ATE SIGNE	D (Mooth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WI	C .	SE OF DEAT	H (ITEM 27) (Typ)	to, Print)	mai	in St	. /	Reisterstu	wn	MO	21136	
JAN 0 5 93	32. REGISTE	LAR'S SIGNAT	VAE Manda	ee								



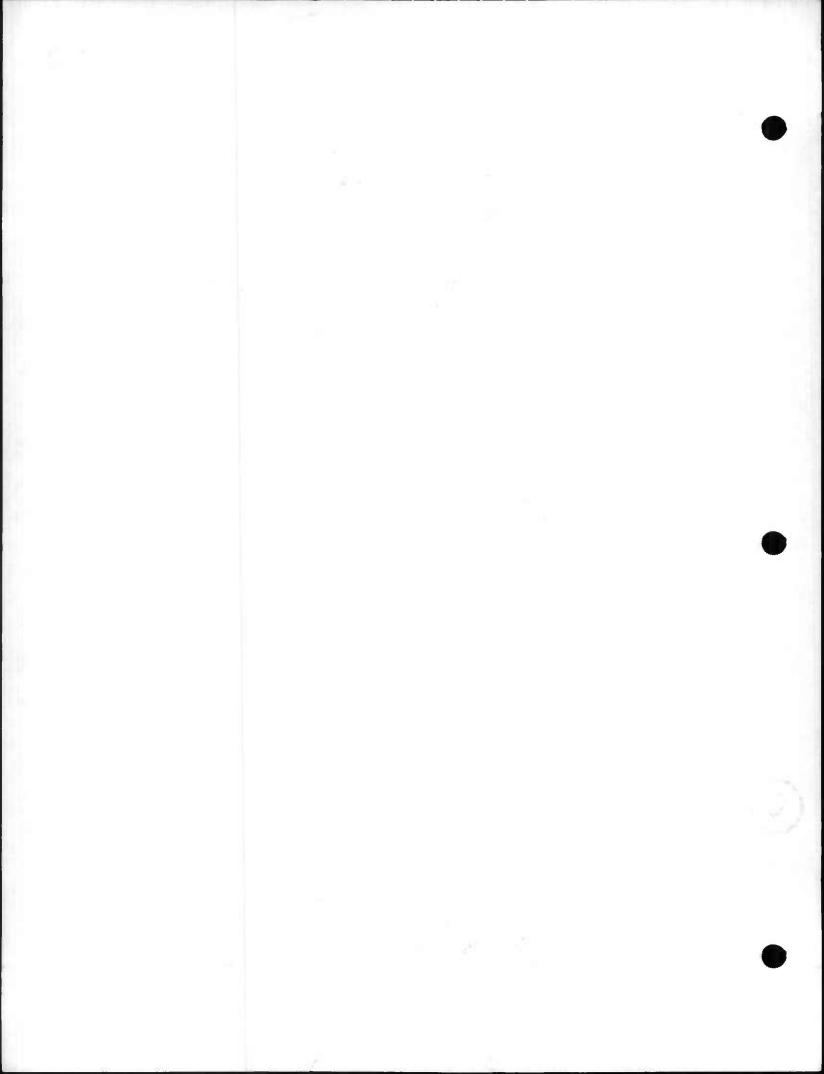
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

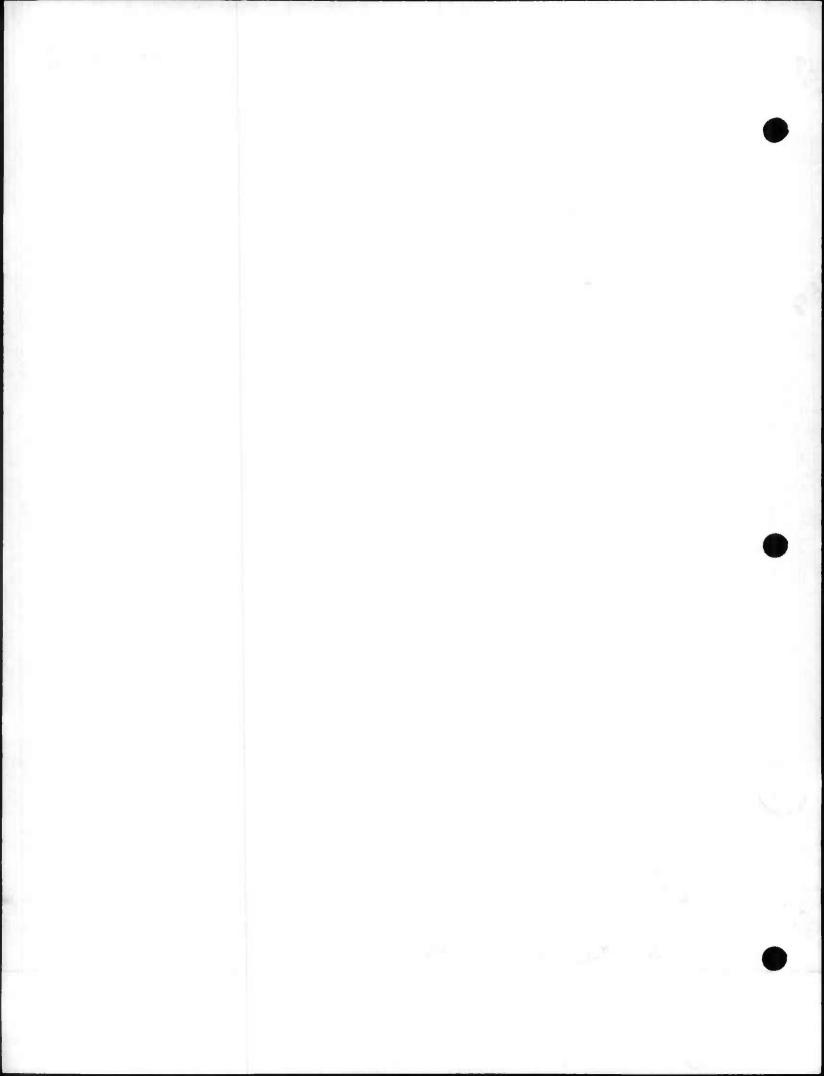
	- (	1. DECEDENT'S NAME (First	t, Middle, Lest)	(NMI)	TAYLOR						2. DATE OF MONTH	EC.	29,1	531	3. TIME OF DEATH 1:45	
_		4. SOCIAL SECURITY NUM 578-10-34	5. SEX 1 🔯 M 2 🗌 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	MINI,	7. DATE OF	BIRTH	8. BIRTHPLACE (State or Foreign 30, 191 Courtry) VA.			E	
2, 3 should	стов	99. FACILITY NAME (If not institution, give street and number)  SPRINGBROOKE ADVENTIST N.H.  SILVER SPRING								9c. COUNTY OF DEATH MONTGOMERY						
r. Pages 1,	DIRECT	RESIDENCE OF DE	PRGES TAKOMA PARK								10d. INSIDE CITY LIMITS? 1 X YES 2 NO	=				
it permit.	ERAL	10s. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF				-		
020 physician. burial-transit	FUNE	7102 141	ch AVI		NT EVER IN U.S. AR	MED	20912								. A . CE — American Indian,	
21215-0020 I or attending physician. for use as the burial-tran	В	1 Never Married 2  3 Widowed 4 Div		FORCES?	1 YES 2 X N						an, Puerto Rican, etc.) Biaci				White, etc.	
<u>_</u> _ 5	ETED	(Specify on	CEDENT'S EDU- hy highest grade	completed)	16a. DECEDENT'S USUAL OCCUP (Give kind of work done during life. Do NOT use retired.)				ON ost of working	ng	16b. KJ	ND OF BUS	BUSINESS/INOUSTRY			
50	IPLE	Elementary/Secondary (	0-12)	College (1-4 or 5	+)	PER		R F	PRTN	TTNG	- T	DEBY	L RE	SED	ហេច	
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	COMPL	17. FATHER'S NAME (First, A	fiddle, Last)	-		LDIC	VIDC	IL P I	_		AE (First, Mide			SEK	VE	
2 8 8	BE		CHARI		TAYLOR						BEI					
MAR retained to 5 should notified	2	19a, INFORMANT'S NAME (		т.	191						oute Number,					
AE, page page	1	JOHN N.	TION		20b. PLACE	MODATEC	E DISPOS	ITION /A/	ama of	RD.	DATE	200 100	ATION C	the on Tou	D. 2083	
MORI ge 6 may irector, p		1 Buriel 2 Cremati 4 Donation 5 Othe	on 3 🗆 Rem r (Specify)	ovel from State	emetery, cre METRO	POL	her place) LTAN	CR	REMA	TORY	12/	30/9	2 AL	EXA	NDRIA,	VA
BALT after death. by the funeral moval.		21. SIGNATURE OF FUNEAU	L SERVICE LIC	Bala				AKC	)MA	FUNE	RAL	HOME	INC	25	4 CARRO	
E 3 6 a		23. PART I. Enter the c	liseases, or c	complications the	at caused the de	ath. Do n	ot enter	ST the mo	de of dy	WAS	HING as cardia	TON.	D.C ratory arre	. 2 et,	0012 Approximate	
D D D E		IMMEDIATE CAUSE (FI	eart failure.	List only one car	use on each line										Interval Betw Onset and D	
hin hin mati		disease or condition resulting in death)  a. Due TO (OR AS A CONSEQUENCE OF):														
N 8 5 - 6	_			006 10	OR AS A CONSEC	A F	): \	6	00	. +	4	:/	1.1	0	10 4	V
8 " O F	TIOIT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. Out to (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  DUE TO (or as a consequence of):  d.														
00 8 2 -	FICA												V.			
P.O. h certil anding Hygie or oth	CERTIFICATION															
the death y the attend of Mental H		PART II. Other eignifica	ant condition	a contributing to	death but not r	esulting I	n the un	derlyin	g cause :	given in F	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDI	NGS
That by	EDICAL										_   1	PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	SE
m a at o	ME											1 YES 2 NO				
TAL R The law re tte has bee ate Dept. o	AN	25. WAS CASE REFERRED T	O MEDICAL					77.2	-							
E se E	SICI	EXAMINER?	O WEDICAL	HOSPITAL:	□ ER/Outpatient 3	[] DOA	OTHE	1			ck only one)					
W 5 5 5	PHYSICIAN:	27. MANNER OF DEATH		28s. DATE OF		28b. TIMI	E OF	28c. INJ		sudence 1	28d. DESCR		JURY OCCL	PRED		
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	BY	1 Astural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2	NO						
22 2	ETED	3 Suicide & 4 Homicide	Could not be determined	28e. PLACE ( building	OF INJURY — At ho, , etc. (Specify)	me, farm, s	treet, fact	ory, offic			281, LOCATH City or I	DN (Street ar bwn, State)	nd Number o	r Rural Ad	ute Number,	
HOSPITAL OFF FUNERAL DIFE WITHIN 72 NOWE STANT: If Item	COMPLET			CIAN: To the bast of											and manner as state	ıd.
TO THE HOSPI TO THE FUNEF De filed within	BE	296. SIGNATURE AND TITLE	OF CERTIFIER	San	MD				29c. LICI	ENSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)	_
L E E E	5	30. NAME AND ADDRESS O	-	~	ISE OF DEATH (ITEM	1 27) (Type,	Print)		1		V			1 -	30/91	0
		31. DATE FILED (Month, Day,		_	AR'S SIGNATURE	100	no	1.		1	Les	35	71	ON	- m	*
JAN 05 '93 Julie Devidson Bandete																

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



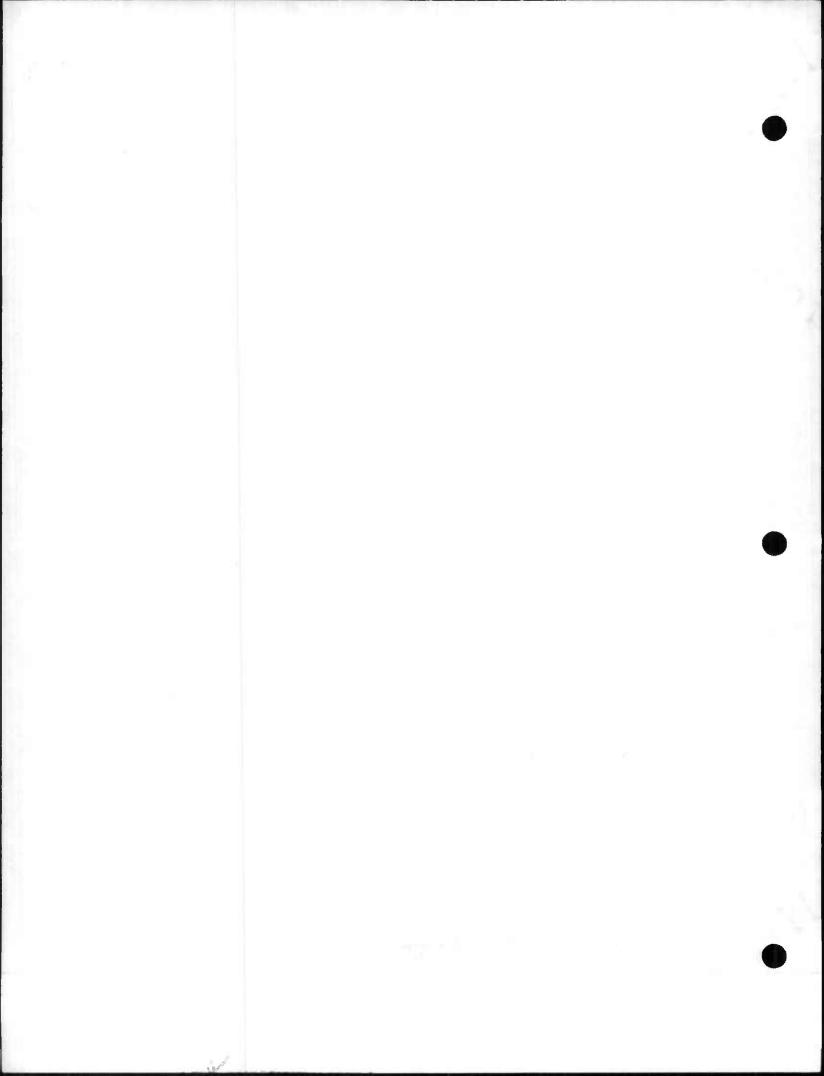
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	5	=	
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	TO THE HOSPITAL OR ATTENDED THAT THE law requires that the death certificate be executed within 24 hours	TO THE PUNERAL DIRECTOR. And this certificate has been signed by the attending physician and completely filled in	
F			

	_	1 - FOR STATE OF MARYLAND REGISTRAR	/ DEPARTMENT OF I		MENTAL HYGIEN REG. NO	_		
		1. DECEDENT'S NAME (First, Middle, Last)  Berthin  ELTHINA E.  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In vis.			2. DATE OF DEATH MONTH 12-31	792 9	721 /	OF DEATH
3 should		4. SOCIAL SECURITY NUMBER  5. SEX 6. AGE (In yrs. 723-14-7020-A 1  M 2 Ø F 78  98. FACILITY NAME (If not institution, give street and number) SIRGLY Grove Adventist Hos	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEJ			country) aryla	State or Foreign
1, 2, 3 s	CTOR	RESIDENCE OF DECEDENT	Fa Roc	kville		Mont	gomer	СУ
permit. Pages	DIREC	Maryland Montgomery	Gaithers				LI	SIDE CITY MITS?
		10. STREET AND NUMBER		1. ZIP CODE		10g. CITIZEN	OF WHAT CO	ES 2 NO
020 physician. burlal-transit	FUNERAL	716 Clopper Rd, Apt#14  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.	ARMED 13. WAS DEC	20878	C ORIGIN? (Specify Yes	U.S	. A .	orican Indian
21215-0020 If or attending physic for use as the burial	BY	1 Never Married 2 Married 3 Widowed 4 Divorced  FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	⊇NO If yes, sp	ectfy Cuben, Mexican 3 2 X NO Specify:	, Puerto Rican, etc.)		Black, White, Specify: Black	etc.
	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  7th Grade	DECEDENT'S USUAL OCCUPATE (Give kind of work done during me life. Do NOT use retired.)	ON ost of working	16b. KIND OF BUS		TRY	
AND 2 the hospital detached fo	COMPLET	17. FATHER'S NAME (First, Middle, Last)	Domestic	18. MOTHER'S NAM	None (First, Middle, Maiden			
Z 2 2 2	BE	Dennis Owens Sr.	19b. MAILING ADDRESS (Street	Mozel	la Cole	eman	+ 2005	7.0
	7	Ms Shirley Thompson	716 Clopper					
ORE, le 6 may be ector. page must be r		1 & Burial 2 Cremation 3 Removal from State cemetery,	CE AND DATE OF DISPOSITION (N.			CATION — City		
BALTIMORE, ar death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ND ADDRESS OF FAC	11/7 Bea neral Ho ington S	me P.	A. 20	0850
24 hours aft filled in by dion, or remo		23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each if the image of t	death. Do not enter the molecular death. To not enter the molecular death.	ode of dying, such	_		, A	approximate starval Between craset and Death
DX 687 be executed cian and con or to burial,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	SEQUENCE OF):	STORK!	mmozhage			
P.O. h certiful hording Hygier of oth	CERTIF	that initiated events resulting in death) LAST  d.	SEQUENCE OF):					
L RECORE law requires that the last been signed by the last and the last and the last and last shows any in	MEDICAL	PART II. Other significant conditions contributing to death but no	t resulting in the underlyin	g cause given in F	Part I. 24a. WAS AN PERFOR	MED?	MAILAE	
N: The cate he State D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERS  1 YES 2 NO 190 Input lent 2 ER/Outpatient	OTHER:	LACE OF DEATH (Chec				
To This cent of with the marked, o	ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year)  2 Accident Investigation	28b. TIME OF 28c. IN.		28d. DESCRIBE HOW I	NJURY OCCUR	ED	
DIVISO OR ATTEN DIRECTOR: AL hours after de Item 28 Is		4 Homicide determined burnarng, stc. (specify)	home, ferm, street, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or F	Burel Floute Nur	mber,
점 글로 ==	COMPLETED	29a. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the beals of examination and/					Puse(s) and ma	inner as stated.
TO THE HOSPI TO THE FUNE THE WITHIN	TO BE	296. SIGNATURE AND TITLE OF CERTIFIED COMPLETED CAUSE OF DEATH (I	り	29c. LICENSE NUM	987	29d, DATE SH	2/9	Day, Year)
2		ADAOBI STELLA  31. DATE FILED (Month, Day, Year)  22. REGISTRAR'S SIGNATURE	IDEOZOR	, m.1	'		/	
		JAN 05 93 Julia Davidson As	dell.					



OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE. MARYLAND 21215-0020	in by	THE REGIOUS THE THIRD. OF COME TRUTHER EVENT. THE THEOLOGY THIS DE HOUSE OF COME.
Sign	TTENDED PHY TOOK After this other death will	SYJEW W ST
- I	E FUNERAL DIRECT MATERIAL DIRE	THE STATE OF THE S
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	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF		MENTAL HYGIENE REG. NO.	<i>J</i>
	1. DECEDENT'S NAME (First, Middle, Last)	Marie S. Thoma			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		HOMAS		12 22	92 3:10A "
	213-42-7441	5. SEX 1 M 2 X F 97	YRS, MONTHS DAYS	HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) Mar. 7,189	5 Wash., D.C.
TOR		reet and number) AND HOSPITH		OR LOCATION OF DE		E. COUNTY OF DEATH PRINCE GEORGES
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		10c. CITY, TOWN OR LOC	ATION		10d. INSIDE CITY
	10e, STREET AND NUMBER		Washingto			1 X YES 2 NO
FUNERAL	2705 Rittenhouse	Street N W	1	20015	10	U .S.A.
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	RMED 13. WAS DE	CENDENT OF HISPAN	C ORIGIN? (Specify Yes or	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 VI	1 - YE	pecify Cuben, Mexican S 2 X NO Specify:		Specify: White
TEO	15. DECEDENT'S EDUC (Specify only highest grade		ECEDENT'S USUAL OCCUPAT	ION lost of working	16b. KIND OF BUSINE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	le. Do NOT use retired.)		P - 1 1	Comba
N O	17. FATHER'S NAME (First, Middle, Last)		Researcher	18. MOTHER'S NAM	Federal	
BE C	Killian Seyfried				ina Basand	
2	190. INFORMANT'S NAME (Type/Print) Audrey Vito	11	96. MAILING ADDRESS (Street 2905 Oxon Pa	and Number or Rural R	pute Number City or Town S	nterio, Zip Code) 20748
	20a_METHOD OF DISPOSITION 1 DABurial 2 Cremation 3 Remo		EAND DATE OF DISPOSITION (I	lame of	DATE 20c, LOCAT	ION — City or Town, State
	4 Donation 5 Other (Specify)	Arli	ngton Nation	al Cem.		ngton, VA
	· michael	& Miller	Josep	h Gawler'	s Sons, Inc	hington,DC 20016
	23. PART I. Enter the diseases, pr c	omplications that caused the dulet only one cause on each lin	eath. Do not enter the m	ode of dying, such	as cardiac or respirate	Dry arrest, Approximate
	IMMEDIATE CAUSE /Float				1.40 - 1.4	Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A CONSE	CLENOTIC COLLEGE	CAPUIL	MUNITARE	X
Z					17175445	-
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):			
IFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	EQUENCE OF):			
CERTIFICATION	resulting in death) LAST	l				
AL C	PART II. Other significant conditions	contributing to death but not	resulting in the underlyi	ng cause given in F	Part I. 24s. WAS AN AUT	
MEDIC					1 YES 2 K	COMPLETION OF CAUSE
					_   `	1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. I	LACE OF DEATH (Che	ck only one)	
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 X Inpatient 2 ER/Outpatient	OTHER:	ne 5 🗆 Residence (		
PH	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		JURY AT ORK?	28d. DESCRIBE HOW INJUI	RY OCCURED
B	2 Accident Investigation	26e. PLACE OF INJURY — At h		YES 2 NO		
TEO	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	one, ann, aneer, ractory, on		City or Town, State)	Number or Rural Route Number,
COMPLET		CIAN: To the best of my knowledge, d R: On the basis of examination and/or				as stated, ue to the cause(s) and manner as stated.
BE C	296. SIGNATURE AND FITLE OF CERTIFIER			29c. LICENSE NUM		d. DATE SIGNED (Month, Day, Year)
10 B	///V	COMPLETED TO	M	D-188	,45	12/22/92
	30. NAME AND/ADDRESS OF PERSON WHO P. WISOTSKY	MD 6188		L RD	OXON MI	LL MP
	DEC 31 92	32. HEGISTRADIO SIGNATURA	Andre			



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In 24	A P	natio	=
With	plet	спеп	rent
TO THE HOSPITAL OH ATTENDING PARTICULAR THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DRECTOR AND MINISTER Should be stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours are death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 25 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

his Davidson-Randall

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND		TMENT				MENT		IE	6	38105
	1. DECEDENT'S NAME (First,	Middle, Lest)			ENTIR	ICATE	. Or	DEA	I II	2 04	REG. NO		_	3. TIME OF OEATN
	MARY ELIZAE	,	IDNED							MOI	NTH D	AY 1.0	YEAR	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. le	at birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	DEC	. 12	19	92	NPLACE (State or Foreign
	219-58-9326		1 M 2 D F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	onth, Day, Year)		Coun	try)
	9a. FACILITY NAME (If not in		X	41		ab CITY	TOWALO	TACAL	ON OF DE	FEE	3. 20 19	_	VII	RGINIA
œ										AIN				
5	PATUXENT RI	VER NA	AVAL HOSE	'L'I'AL		LEX	INGT	NO.	PARK			ST	MA	RY'S
DIRECTOR	10e. STATE	10b. COUNT	7		10c. CI1	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
S S	MARYLAND	ST.	MARY'S		I	EXIN	GTON	I PAF	RΚ					LIMITS?
AL	10a. STREET AND NUMBER						101.	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	RT. 3, BOX	298						2065	3			IINI	TED	STATES
S	11. MARITAL STATUS		12. WAS DECEDEN					ENDENT (	F NISPAN		GIN? (Specify Yes	_	14 BAC	F - American Indian
	1 Never Married 2		IF YES, GIVE V	MAR OR DATES	NO			2 X ND	in, Mexical Specify		to Rican, etc.)			ck, White, etc.
BY	3 Widowed 4 Divo	rced			_			43						ITE
TEC		EDENT'S EDU			Sive kind of	USUAL OC	CUPATIO	N st of working	10	1	6b. KIND OF BU	SINESS/IN	DUSTRY	
E	Elementary/Secondary (0	-12)	College (1-4 or 5	- 100	e. Do NOT u	se retired.)								
MP	5			DE	VELOF	MENT	CEN	TER						
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						16. MOT	NER'S NA	ME (Firs	t, Middle, Meiden	Sumame)		
BE	FRANK TURNE										INGTON			
5	19a. INFORMANT'S NAME (7)	ype/Print)		-11	Pb. MAILING	ADDRESS	(Street as	nd Number	or Rural F	Route Nu	imber, City or Tow	m, State, Zi	p Code)	
_	FRANK TURNE				RT 3.	BOX	298	LE	XING	TON	PARK	MARY	LAND	20653
	20a. METHOD OF DISPOSITI		oval from State	20b. PLACE cemetery, cr			TION (Na	me of		ים ו	ATE 20c. LO	CATION —	City or T	lown, State
	4 Donation 6 Other	(Specify)		TRINI		MORIA	AL G	ARDE	NS	12/	16 W	ALDOR	FN	MARYLAND
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE			22. N	RINS	PTET	SS OF FAC	CILITY	AL HOME	7		
	EDWARD I	N. BRI	NSFIELD,	JR. MO	0052								ONA	RDTOWN, MD
	23. PART I. Enter the di								1171463					
	A CONTRACTOR OF THE PARTY OF TH	seeses, or o	complications the	nt coused the d	eeth. Do	not enter t	the mod	de of dy	ing, auci	h aa ci	erdiac or reap	iratory ar	rest,	Approximate
	ahock, or he	eert fallure.	List only one car	use on each iln	eeth. Do	not enter t	the mod	de of dy	ing, auci	h aa ci	ardiac or reap	iratory ar	reat,	Approximate Interval Between
	ahock, or he IMMEDIATE CAUSE (Fin disease or condition	eert fallure.	List only one car	use on each iln	eeth. Do	not enter t	the mod	de of dy	ing, auci	h aa ci	ardiac or reap	iratory ar	reat,	Approximate Interval Between
	ahock, or he IMMEDIATE CAUSE (Fin	eert fallure.	List only one car	use on each iln	eeth. Do	not enter t	the mod	de of dy	ing, auci	h aa ci	ardiac or reap	iratory ar	reat,	Approximate Interval Between
N	ahock, or himmediate cause (find disease or condition resulting in death)	eert fallure.	List only one car	use on each iln	eeth. Do	not enter t	the mod	de of dy	ing, auci	h aa ci	ardiac or reap	iratory ar	reat,	Approximate Interval Between
TION	ahock, or himmediate cause (Fin disease or condition resulting in death)  Sequentially list condition if any, leading to immediate conditions and conditions are conditing to immediate conditions.	eert fallure.	a. Produce to oue to	use on each iln	eeth. Do	not enter the first series of the first series	the mod	de of dy	ing, auci	h aa ci	ardiac or reap	iratory ar	reat,	Approximate Interval Between
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TIFICATION	ahock, or himmedians or condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or injust that initiated events	ions, diete	a. Project of the control of the con	babl	eeth. Do	f):	the mod	de of dy	ing, auci	h aa ci	ardiac or reap	iratory ar	reat,	Approximate Interval Between
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	ahock, or himmedians and the second s	ions, dilete	a. Produce to oue to ou	OR AS A CONSE	eeth. Do e. COUENCE O	file	the mod	At	Dy	/ S )	Rhy 1	AUTOPSY RMED?	m. C	Approximate Interval Between Onset and Death Service of the Autopsy Findings AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BY PHYSICIAN: MEDICAL	ahock, or himmediate (Fin disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the cause. Enter UNDERLYI CAUSE (Disease or injust that initiated events resulting in death) LAS  PART II. Other algnifice  25. WAS CASE REFERRED TO SERVINER?  1 YES 2 NO  22. MANUAL OF DEATH  1 Hatural 5 Notice of Seath  1 Notice of Seath  1 Notice of Seath  1 Notice of Seath  1 Notice of Seath  25. WAS CASE REFERRED TO SEATH  1 Notice of Seath  26. CERTIFIEED	ons, diete NG III on to make the condition of the conditi	a. Production of the contributing to the contributing to the contributing to the contribution of the contr	OR AS A CONSE	COUENCE OF COUNTY OF COUNT	OTHER 4 Nursi BE OF JURY M street, factor	derlying  26. PL  1: 1: 28c. INJ 28c. INJ 29cry, office	ACE OF D	Dy given in EATH (Che esidence	Pert i.	24a. WAS AN PERFOI 1 VES 2	AUTOPSY RMED?	24	Approximate Interval Between Onset and Death Onset O
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BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or himmedian and control of the country of t	ons, diete NG IT	a. PLACE C Building.  CIAN: To the basic of example of example contributions.	DR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (DR AS A CONSE	COUENCE O	OTHER 4 Nurshe of JURY M street, factored at the tire on, in my op	derlying  26. PL  1: 1: 28c. INJ 28c. INJ 29cry, office	ACE OF D  5 GRIVAT  FRY  TRY  29c. LICI	given in EATH (Che esidence ND	Pert I.  Pert I.  28d, D  28d, D  10 the c  1lime, dt	24a. WAS AN PERFOI 1 VES 2  One)  Cone)  Control (Street by or Town, Stete)	AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?  AUTOPSY TAMED?	24  CURED  or or Rural  ted.  the cause(	Approximate Interval Between Onset and Death Onset O
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BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or himmedian and control of the country of t	ons, diete NG III III III III III III III III III	a. Production of the contributing to d. DUE TO d.	DR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (DR AS A CONSE	eeth. Do e.  COUENCE O  COUENCE O	OT MER 4 ( Nursi ME OF JURY M street, factor Print)	derlying  26. PL  1: ling Home  28c. INJ  1	ACE OF D  ACE OF D  S Re  URY AT  RK?  end place eath occur  29c. LICI	given in each (Che each of the	Pert I.  Pert I.  28d. Do to the continue, did the continue to the continu	24a. WAS AN PERFOI 1 VES 2  One)  Cone)  Control (Street by or Town, Stete)	AUTOPSY RMED?  AUTOPSY RMED?  AUTOPSY RMED?  AUTOPSY RMED?  AUTOPSY RMED?  AUTOPSY RMED?  AUTOPSY RMED?	240 CURED Tor Rural ted. the cause(	Approximate Interval Between Onset and Death Onset O

BALTIMORE, MARYLAND 21215-0020

DIMISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICALE	UF	DEA	I H	REG. NO	D.	
- 1	DECEDENT'S NAME (First, Middle, Last)     Maude		<b>17</b> -	lland:	n oh o				2. DATE OF DEATH	DAY 1.0	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	5. SEX 6		allandi	7		I			13, 19	
	579-20-8899	1 M 2 V F		YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTNPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give st	2.1		0	9h CITY	TOWN	OR LOCATI	ON OF DE	Nov. 14,		Maryland TY OF DEATH
=	At Home, Star Rt.	,			-			ON OF DE	SAIN	4.5	
DIRECTOR	RESIDENCE OF DECEDENT	DOX 114				1511	wood			St.	Mary's
2	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCA	TION				10d. INSIDE CITY LIMITS?
		Mary's		B	ushw	ood					1 TES 2 NO
₹	10e. STREET AND NUMBER					10	H. ZIP COD		-	10g. CITIZI	EN OF WHAT COUNTRY?
	Star Rt. Box 114							618			S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	₽ NO	- 10	yes, st	CENDENT Coocity Cuba 3 2 X NO	n, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		14. RACE — American Indian, Black, Whita, etc. Specify: White
EIED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	164	DECEDENT'S	USUAL OC	CUPATI	ON models	30	166. KIND OF BU	JSINESS/INDU	STRY
	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		life. Do NOT us	e retired.)	on ny m	oat or working	~			
COMPL	17. FATNER'S NAME (First, Middle, Last)						18. MOTI	NER'S NA	ME (First, Middle, Maider	Sumame)	
	Walter B.	Good	de, S	r.			M	ary	Jane	Hil	.1
0	19a. INFORMANT'S NAME (Type/Print)	Tee							Route Number, City or Tox		
	J.C.Vallandingham	, UI.				_		Bus	hwood, Ma	ryland	20618
	20a. METHOD OF DISPOSITION XXBurial 2 Cremation 3 Ramo	eval from State	cemetery	CEAND DATE	ther place!						ity or Town, State
1	4 Donation 5 Other (Specify)	ensex //	1 Sac	red He			ND ADDRES		Bus	shwood	, Maryland
	Frichael	Lar	din	ev	Mat	tir	ngley	-Gar	diner Fund Leonardto		
NO	IMMEDIATÈ CAUSE (Finsi disesse or condition resulting in death)	DUE TO (OF	R AS A COI	NSEQUENCE O	F):	a	ren	le	Acce	Len	Onset and Daeth
	if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OI	AS A CON	YSEOUENCE O	F):						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OF	AS A CO	NSEQUENCE OF	F):						
EDICAL	PART II. Other algnificant conditions		1 1		in the und	ierlyin	g cause g	lven in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	frostelie (	Carlar 1	al	ves,	Co	0	esti	70	1   YES :	2 No	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
THI SICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF D	EATH (Che	ock only one)		
	1 - YES 2 140	1   Inpetient 2   E		n 3 🗆 DOA	OTHER 4   Numb		10 5 Ra	eldence	8 Other (Specify)		
	27. MANNER OF DE TO!  1 Natural 5 Pending 2 Accident Invastigation	28s. DATE OF IN. (Month, Day,		28b. TIM INJ	E OF URY M	MC	PURY ATV	] NO	28d. DESCRIBE NOW	INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF II building, etc	NJURY — A . (Specify)	t home, ferm, e	dreet, facto	ry, offic	a		28f. LOCATION (Street City or Town, State	and Number or )	r Rural Route Number,
COMPLE	20s. CERTIFIER (Check only one) 2 MEDICAL EXAMINES								to the cause(a) and ma time, data and place, ar		i. cause(a) and manner as stated.
#	29h. SIGNATUPE AND TITLE OF CERTIFIER	44		-			29c. LICE	NSE NUM	IBER	29d. DATE I	SIGNED (Month, Day, Year)
			/				D/	791	/	- 11	1/11/9 L
	James C. Boyd,	M.D.	)	Lec		tow	m, Ma	aryl	and 2065(	)	/ /
	DEC 15 92	Julia David		andell							

ading an

BALTIMORE, MARYLAND 21203-3146

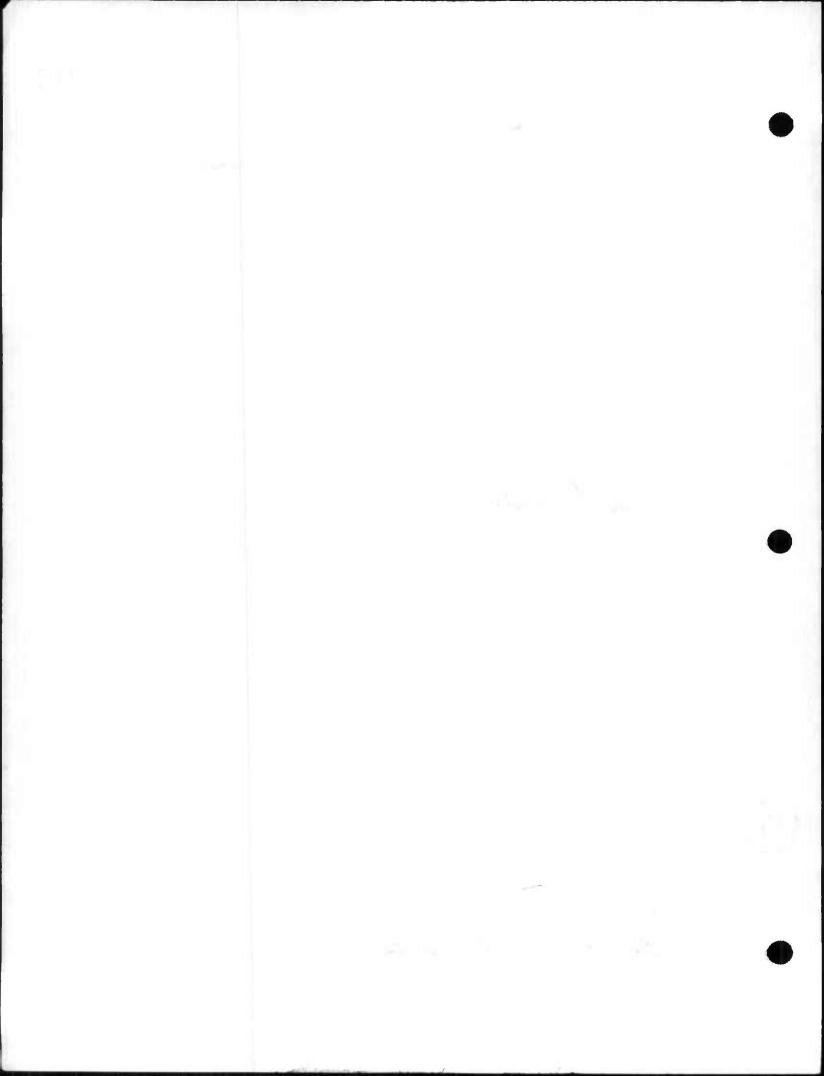
DECTION fler this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detaiched as the sent of the state bent, of Health and Mental Hygiene prior to burial, cremation, or removal.

If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

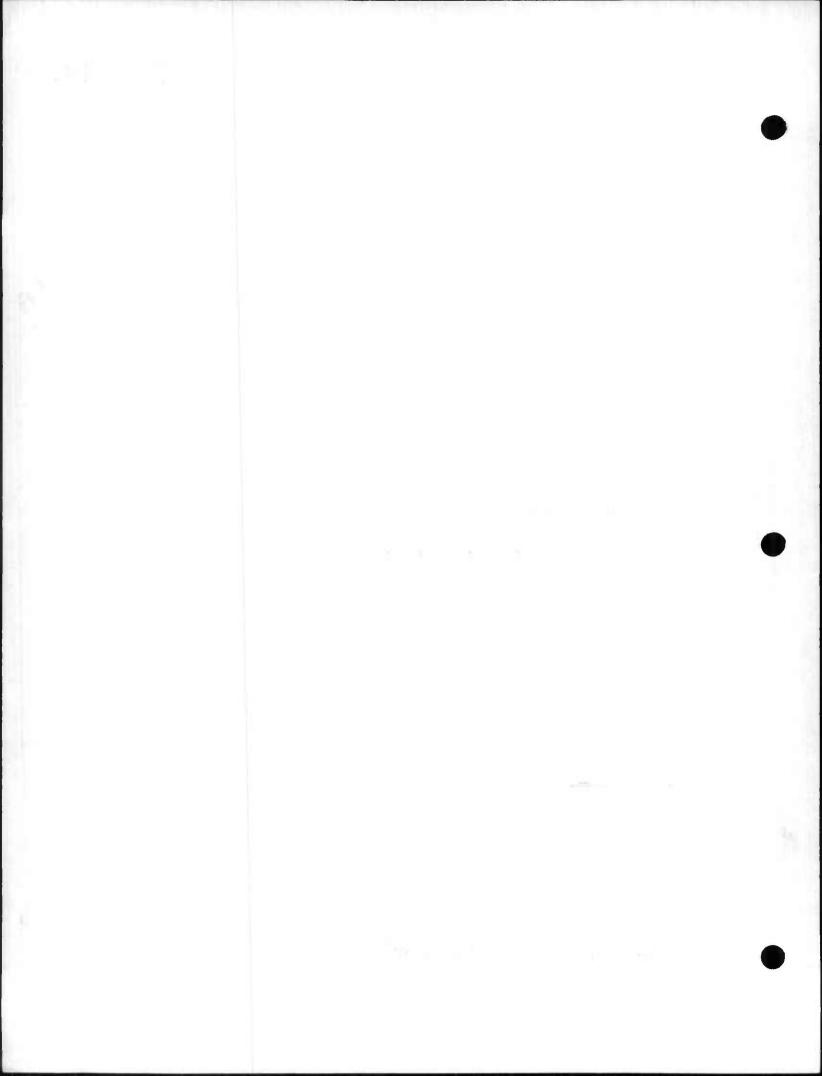
TO-THE HOSE TO THE FLINES be filed within

N OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First,		1.1	,	1				2. OATE OF	DEATH 1 DAY	v 1	YEAR	3. TIME OF DEATH
İ	Nannie E.	. Washi	ngton	. 1	1 100				worth.	12/3	0/9	2	8:35P M
	4. SOCIAL SECURITY NUME		6. SEX 6.	AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF I	BIRTH IV Yeart		8. BIRTH Countr	PLACE (State or Foreign
	142-10-6	070	1 M 2 F	102	YRS.	MONTHS	DAYS	HOURS MIN.	10-28	-189	0_	V	irainia
_	9a. FACILITY NAME (If not in	stitution, give str	eet and number)	Spring	MO	9b. CITY	TOWN	OR LOCATION OF DE	ATH			NTY OF D	EATH
OR	Mana-Chie	SILVE	r. Spring a	50) M	More	ld	0	Ilver SI	onny		11	Tart	gomeru
5	RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCA	TION				1	10d, INSIDE CITY
DIRECTOR	Maryland	Mont	gomery					ring					LIMITS?
	10e. STREET AND NUMBER		8011027				-	t. ZIP CODE			10g. CITI	IZEN OF V	WHAT COUNTRY?
FUNERAL	2501 Musgro	ove Roa	ıd					20904				US	A
ž	11. MARITAL STATUS	- I	12. WAS DECEDENT ET	ER IN U.S. AB	MED	13.	WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (S	pecify Yea	or No-	14. RACE	— American Indian.
	1 Never Married 2		FORCES? 1 IF YES, GIVE WAR	YES 21	10		If yes, sp 1 🔲 YES	ectry Cuban, Mexica 3 24 7 NO Specify	n, Puerto Rica: /:	n, etc.)		Speci	
8√	3 🔀 Widowed 4 🗌 Divo	proed											lack
COMPLETED	15. DEC (Specify on)	EDENT'S EDUC y highest grade	CATION completed)	(G	CEDENT'S	work done		ON ost of working	16b. KIR	OF BUS	INESS/INC	DUSTRY	
Ë	Elementary/Secondary (0	0-12)	College (1-4 or 5+)	- 1	. Do NOT us								
MP.	6				House	ewife	9			Own 1			
	17. FATHER'S NAME (First, M							18. MOTHER'S NA					
BE	Oliver Smi			1 40	h MAH INO	ADDRES	2 /Ctmat	Amanda				n Codel	
2	Diedre B.							Rd Silve				,	
	20a. METHOD OF DISPOSIT			20b. PLACE	OF DISPOS	SITION (No	me of ce	metery, cremetory or	r Spri		CATION —		wn, State
	1 ☑ Burlel 2 ☐ Crematic	on 3 🗆 Remo	oval from State	Brook	side	Ceme	eter	У					New Jersey
	21. SIGNATURE OF PUNETIA		ENGRE AN			27:	NAME A	ND ADDRESS OF FA	CILITY				
	> X Kel	NA	healt.	3									20904 Spring, MD.
$\dashv$	23. PART I. Enter the d	iseases, or c	omplications that co	sused the de	ath. Do i								Approximate
	ahock or h	aert failure. I	List only one cause	on each line	1.			oua or ujiiig, ouo		or toup.	otory an	,	interval Between Onset and Death
	iMMEDIATE CAUSE (Findisease or condition	nei	A +.	Cin	1	0-		any !	mes	#			123010
	resulting in death)	7 (	DUE TO (OF	AS A CONSE	OUENCE O	FI:	-01						1013012
_			auto	(	VF	1							12/91
2	Sequentielly list condit if any, leading to imme		DUE TO (OF	AS A CONSE	OUENCE O	F):							
S	cause. Enter UNDERLY CAUSE (Disease or Ink	ING	HUST										12/02
E	that initiated events	·		AS A CONSE	OUENCE O	F):							Inda
CERTIFICATION	resulting in death) LAS	" (	HJ (	CND									01/01
	PART II. Other eignifice	ent condition	a contributing to de	ath but not	reaulting	in the u	derlyir	ng causa given in	Part I. 24	a. WAS AN		246	. WERE AUTOPSY FINDINGS
MEDICAL	SPPI	E 6	CHE						Ι,	PERFOR	. /		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_   '		<u>_</u>		OF DEATH?
-									_				
PHYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL						LACE OF DEATH (Ch	eck only one)				
Sic	1 YES 2 NO		HOSPITAL: 1 ☐ Inpatient 2 ☐ El	R/Outpatient 3	DOA	OTHE:	R: ming Ho	me 5 - Residence	8 Other (S	pecify)			
Ť	27. MANNER OF DEATH		28e. DATE OF IN. (Month, Spay,		28b. TIN	IE OF	28c. IN	JURY AT ORK?	28d. DESCR	IBE HOW I	NJURY OC	CURED	
ВУ	1 Natural 5  2 Accident	Pending Investigation	NE		111	М	1 🗍	W.					
	3 Suicide 8	Could not be	28s. PLACE OF II building, sto	Specify)	ome, ferm,	street, fac	tory, offi	ce		ON (Street a		r or Rural	Floute Number,
	4  Homicide	determined		7	(14								
COMPLETED	CORPOR OTHY	TIFYINO PHYSI	CIAN: To the best of my	knowledge, de	eath occur	red at the	tima, dat	e and place, and due	to the cause(	a) and mar	ner as sta	nted.	
0	one) 2 MED	CAL EXAMINE	R: On the basis of exam	nination and/or	Investigation	on, in my	opinion,	death occured at the	time, data an	d place, an	d due to t	he cause(	a) and manner as stated.
BE C	296. SIONATURE AND TITLE	E OF CERTIFIER	do To					29c, LICENSE NUI	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
10 B	12151	du	CON					דרות	129			12	30 (92
	30. NAME AND ADDRESS O	7	CV Z		M 27) (Type	(CC)	-t(	obsville	Rd	13	M	1 )	val:
	31. DATE FILED (Month, Day,		32. REGISTRAR'S	SIGNATURE	Rodel	2							



	1. DECEDENT'S NAME (First, Middle, Las	nt)		ICATE OF	JEAN	REG. NO.  2. DATE OF DEATH		3. TIME OF D
	ANDREA	E. Wri	ghtson	Y. Eller M.		лонтн b/		YEAR 992 5 • 27
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State (
	215-50-4979	1 M 2 F	43 YRS.			3/5/49		Michiga
œ	9a. FACILITY NAME (If not institution, given HOLY CROSS HOS	,			OR LOCATION OF DEA	TH		TY OF DEATH
6	RESIDENCE OF DECEDENT			SILVER	SPRING		MON	NTGOMERY
DIRECTOR	10e. STATE 10b. COUN	NTY	200	TY, TOWN OR LOCA				10d. INSIDE (
	MD Mont  100. STREET AND NUMBER	gomery	I S	ilver Sr	ring M. ZIP CODE		100 007179	TY YES 2
FUNERAL	12305 Needlepi	ne Terrace			20904			ted State
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPANI	C ORIGIN? (Specify Yes		4. RACE - American
ВУ	1 Never Married 2 K Married 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		B 2 X NO Specify:	, Puerto Rican, etc.)		Specify: White, etc.
8	15. DECEDENT'S ED	DUCATION		USUAL OCCUPATI		18b. KIND OF BUS	SINESS/INDU:	STRY
Ē	(Specify only highest gra	College (1-4 or 5+)	IHe. Do NOT u		ost of working	D., 1.1.	- C-1	- 1 0
COMP	12 17. FATHER'S NAME (First, Middle, Lest)	6+	Teache	Г		1		ool Syste
	Earle P. Brown					€ (First, Middle, Meiden		
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		McLaughli  oute Number, City or Town		Code)
5	John W. Wright	son				ce. Silve		
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	emoval from State	20b. PLACE AND DATE cometery, crematory or o	OF DISPOSITION (N.	ame of 1/1/93	DATE 20c. LO	CATION - CH	ty or Town, State
3	4 Donation 5 Other (Specify)	ucelset	Fort Line	oln crem	no ADDRESS OF FAC		Lwood	, Marylan
	> X/4/15 1	1/ 1/1-						
				urnes	-Rinaldi	runeral H	ome	
_	23. PART I. Enter the diseases of	r complications that co	used the death. Do	11800	New Hame	shire Ave	Sf	lver Spri
		r complications that ca e. List only one cause of	used the death, Do	11800	New Hame	shire Ave	Sf	at, Approx
	IMMEDIATE CAUSE (Final disease or condition	e. List only one cause o	used the death. Do non each line.	11800 not enter the mo	New Hame	shire Ave	Sf	et, Approx
	IMMEDIATE CAUSE (Final	a. CARDIAC	on each line.	11800 not enter the mo	New Hame	shire Ave	Sf	at, Approx
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. CARDIAC  DUE TO (OR	ARRHYTHM	11800 not enter the mo	New Hame	shire Ave	Sf	at, Approx
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. CARDIAC  DUE TO (OR	ARRHYTHM	11800 not enter the mo	New Hame	shire Ave	Sf	at, Approx
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. CARDIAC  DUE TO (OR  DUE TO (OR  C.	ARRHYTHM	11800 not enter the mo	New Hame	shire Ave	Sf	at, Approx
RTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. CARDIAC  DUE TO (OR  DUE TO (OR  C.	ARRHYTHM: AS A CONSEQUENCE O	11800 not enter the mo	New Hame	shire Ave	Sf	at, Approx
CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE O	11800 not enter the mo	New Hamp ods of dying, such	oshire Ave as cardiac or respi	, Si ratory arres	St, Approvinterval Onset
CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE O	11800 not enter the mo	New Hamp ods of dying, such	oshire Ave as cardlac or respi	., Si.	st, Approximately interval Onset
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE O	11800 not enter the mo	New Hamp ods of dying, such	ert I. 24m. WAS AN PERFORM	., Si.	24b. WERE AUTOPS AMILABLE PR COMPLETION 1
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE O	11800 not enter the mo	New Hamp ode of dying, such	ert I. 24a. WAS AN PERFOR	., Si.	24b. WERE AUTOPS AMILABLE PR COMPLETION OF DEATH?
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. CARDIAC DUE TO (OR  c. DUE TO (OR  d	ARRHYTHM: AS A CONSEQUENCE O AS A CONSEQUENCE O AS A CONSEQUENCE O	11800 not enter the mod  [ A F): F):  In the underlyin  26. Pi	New Hamp ode of dying, such	as cardiac or respi	., Si.	24b. WERE AUTOPS AMILABLE PR COMPLETION OF DEATH?
SICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient to medical examiner?  1 XXES 2 NO	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	ARRHYTHM: AS A CONSEQUENCE O	11800 not enter the model of th	New Hamp ode of dying, such g cause given in P	as cardiac or respi	AUTOPSY MED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?  1 YES 2
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condition o	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	ARRHYTHM: AS A CONSEQUENCE O  AS A CONSEQUENCE	I 1800 not enter the mod I A FF: FF:  In the underlyin  26. Pi OTHER: 4   Nursing Hon LURY M 1	D New Hampode of dying, such such such such such such such such	as cardiac or respi	AUTOPSY MED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported by the conditions of the co	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	ARRHYTHM: AS A CONSEQUENCE O  AS A CONSEQUENCE	I 1800 not enter the mod I A FF: FF:  In the underlyin  26. Pi OTHER: 4   Nursing Hon LURY M 1	D New Hampode of dying, such such such such such such such such	as cardiac or respi	AUTOPSY MED?	24b, WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?  1  YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X Yes 2 NO  27. MANNER OF DEATH  1 X Natural Investigation investigation of conditions are sufficient conditions.	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR d Ons contributing to dea  HOSPITAL: 1   Inpetient 2   XERV 28e. DATE OF INJU (Month, Day, Ye 28e. PLACE OF INJ building, etc.	ARRHYTHM: AS A CONSEQUENCE O  AS A CONSEQUENCE	11800 not enter the mod  [A  F):  F):  In the underlyin  26. Pi  OTHER: 4   Nursing Hom  E OF   28c. IN.  JURY M 1   1  street, factory, office	New Hampode of dying, such of dying, such of dying, such of dying, such of the control of the co	as cardiac or respi	AUTOPSY MED?  NO  NJURY OCCU	24b. WERE AUTOPS AMAIL ABLE PR COMPLETION OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XXES 2 NO  27. MANNER OF DEATH  1 X Natural Investigation investigation determined  29e. CERTIFIER (Check only)	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR d  Ons contributing to dea  HOSPITAL: 1   Inpetient 2   XERU 28e. DATE OF INJ. (Month, Day, 16	ARRHYTHM: AS A CONSEQUENCE O  AS A CONSEQUENCE	11800 not enter the model of th	D New Hampode of dying, such on the such of dying, such on the such of dying, such on the such of the	as cardiac or respi	AUTOPSY MED?  NO  NJURY OCCUPANT OF THE PROPERTY OF THE PROPER	24b. WERE AUTOPS AMBLASIE PR COMPLETION OF DEATH? 1 YES 2
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XXES 2 NO  27. MANNER OF DEATH  1 X Natural Investigation investigation determined  29e. CERTIFIER (Check only)	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	ARRHYTHM: AS A CONSEQUENCE O  AS A CONSEQUENCE	11800 not enter the model of th	D New Hampode of dying, such on the such of dying, such on the such of dying, such on the such of the	as cardiac or respi	AUTOPSY MED?  NO  NJURY OCCU	24b. WERE AUTOPS AMAIL ABLE PR COMPLETION OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are summary 1 XX See Reference to MEDICAL EXAMINER?  1 XX See Reference to MEDICAL EXAMINER OF DEATH  1 XX Natural 1 Investigation 1 Suicide 6 Could not be determined 1 Check only one) 2 X MEDICAL EXAMINER	a. CARDIAC DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	ARRHYTHM: AS A CONSEQUENCE O  AS A CONSEQUENCE	11800 not enter the model of th	D New Hamp ode of dying, such g cause given in P  LACE OF DEATH (Check ne 5  Residence 6 JURY AT JHK? YES 2 NO	as cardiac or respi	AUTOPSY MED?  NO  NJURY OCCU	24b. WERE AUTOPS AMBLASIE PR COMPLETION OF DEATH? 1 YES 2

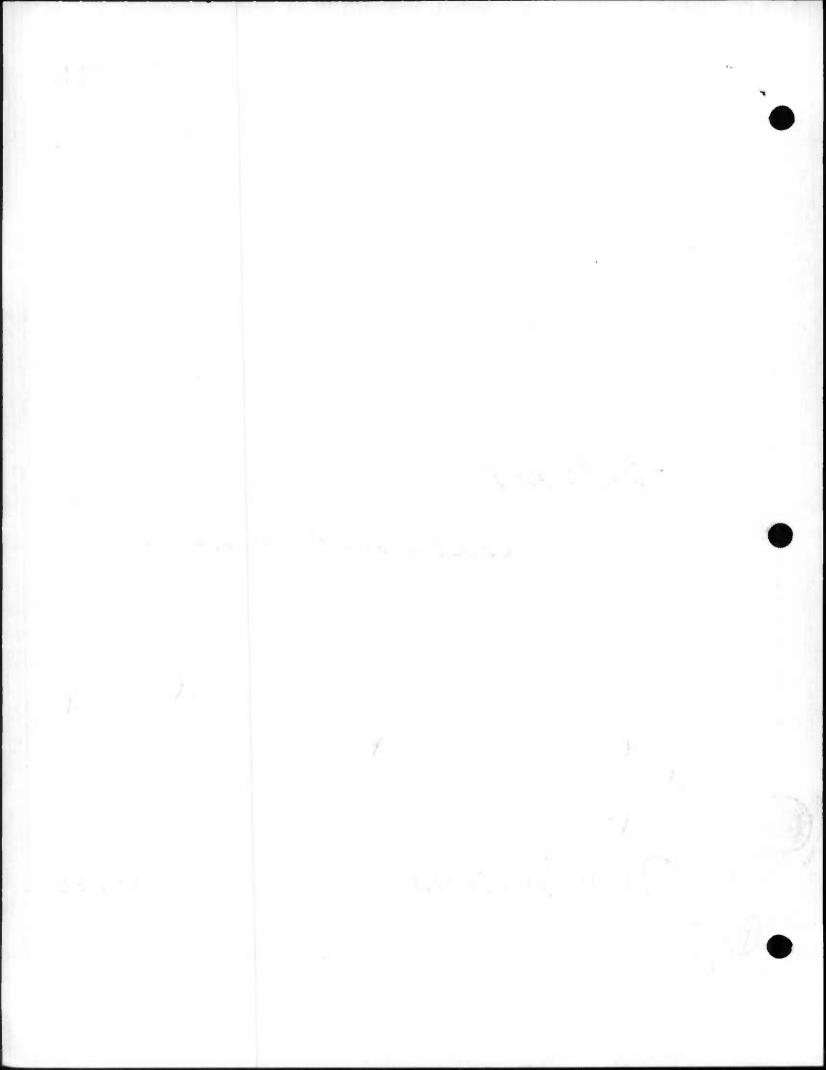


BALTIMORE, MARYLANI	ARYLAN
TO THE HOW ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	ained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	should be detach
IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	lifled at once.

	1 - FOR STATE OF M	ARYLAND / DEPAI CERTIF	RTMENT OF	HEALTH AND ME	NTAL HYGIEN		38109		
	1. DECEDENT'S NAME (First, Middle, Last)	1			DATE OF DEATH		YEAR 3. TIME OF DEATH		
	Louis G	rant WA	21/40	e	bec 1		9971:20PM		
		8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	HOLIDS MIN	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	213-12-1653 1X M 2 🗆 F	78 YRS.			ct 4, 19	14	Maryland		
œ	9e. FACILITY NAME (If not institution, give street and number)	- · + /	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
6	St. MARY'S HOSI	1/2/	/ Leonardtown St. MAR						
DIRECTOR	10e. STATE 10b. COUNTY	10c. CIT	TY, TOWN OR LOCA	TION		10d. INSIDE CITY			
	Maryland St. Mary's		Leonardt	own			1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER		10	f. ZIP CODE			ZEN OF WHAT COUNTRY?		
NE	Rt. 2 Box 16-A			20650			S.A.		
	11. MARITAL STATUS  1 Never Merried 2 Married FORCES? 1	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s	CENDENT OF HISPANIC pecify Cuban, Mexican, I	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc.		
В	3 Widowed 4 Divorced World Wa		1 TYES	2 NO Specify:			Specify: White		
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BUS	SINESS/IND			
	Elementary/Secondary (0-12) College (1-4 or 5+)		work done during m se retired.)	ost of working					
COMPL	6th Grade	Assist	tant Pos	tmaster	U.S.	Post	Office		
8	17. FATHER'S NAME (First, Middle, Last)				(First, Middle, Malden		n - 1 1		
BE	Andrew Grant Walls  190, INFORMANT'S NAME (Type/Print)				Elizabetl	-	Redmond		
9	Rosalie C. Wallace			end Number or Rural Row -A, Leonar					
	20a, METHOD OF DISPOSITION	20b. PLACE AND DATE					City or Town, State		
	1 Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	st. John's	other place)				ood, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ibe. bom	22. NAME A	ND ADDRESS OF FACIL	ITY				
	Michael 7 M	antinean)		- III			Home, P.A.		
	23. PART I. Enter the diseases, or complications that	ceused the death. Do	not enter the mo	BOX 2/U, I	eonardto	wn, N	Maryland 20650		
	mhock, or heert fellure. List only one ceus	e on each line.		,,	O :		Interval Between Onset and Death		
	disease or condition	pnass	+ AR	trser	Dele	an	P Oliset and Death		
	resulting in death) a. DUE TO (	OR AS A CONSEQUENCE O	PF):	1	0000	1			
z	Constitution and the contract of the Con	2esti	12 t	Mart	toi	le	ue		
Ĕ	it any, reading to initiodiate	OR AS A CONSEQUENCE O	F):						
길	cause. Enter UNDERLYING CAUSE (Disease or Injury	OR AS A CONSEQUENCE O	sow	de.					
CERTIFICATION	that initiated eventa reaulting in death) LAST	Cala	0	18 hos.	n Bart	- of	J. Sule 1		
		STOPE	170	00100	1 1		1 eug		
SAL	PART II. Other algorificant conditions contributing to o	leath but not resulting	In the underlyin	g cause given in Pa	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC	percent e	Tus!	On		1 TYES 2	©XNO	COMPLETION OF CAUSE OF DEATH?		
X	COBCIC						1 TYES 2X NO		
AN	25. WAS CASE REFERRED TO MEDICAL		00.0	405 05 B5 1711 101					
Sici	EXAMINER? HOSPITAL: 1 ☐ YES 2 ☐ NO 1 ☐ Inpatient 2 ☐	ER/Oulpatient 3 DOA	OTHER:	LACE OF DEATH (Check					
PHYSICIAN:	27. MANNER OF DEATH 25s. DATE OF 1	NUMBY 285 TO	E OF 25c. IN.	Ne 6 Residence 6	Id. DESCRIBE HOW IF	NJURY OCC	CURED		
ВУ Р	TS Netural 5 Pending (Month, De	( Misr) IN.		YES 2 NO					
	3 Suitable . Co. 25e. PLACE OF	INJURY — At home, farm, to, (Specify)	street, factory, offic	. 20		nd Number	or Rural Route Number,		
	4 Homicide determined	on (specify			City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of n	ny knowledge, death occurr	ed at the time, date	end piece, and due to	the cause(s) end men	ner es stat	ed.		
Ö	one) 2 MEDICAL EXAMINER: On the bests of an								
BE C	396. BIGNATURE AND YITLE OF CERTIFIER	/		29c. LICENSE NUMBE	R	29d. DATE	E SIGNED (Month, Day, Year)		
TO B	cial	4		D23634		1	2-14-99		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	-				,			
	Adinath A. Patil, M	Leonardto	own, Mar	yland 206	50				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN	's signature							
07	1	6					Bunut of B		
(1	X B OGratis						DHMH-16 Rev 1/89		

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 1 -

	1. DECEDENT'S NAME (First, Mide	dle, Last)						ULA		2. DATE OF				3. TIME OF DEATH	
	FOSTER J. W	VILKI	NSON							MONTH DECEMBE	D 15	1992	YEAR	2:40 A M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (II	in yrs. lest bi		NDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH	1776	8. BIRTH	PLACE (State or Foreign	
	220-16-8893		1 M 2 D F	۶	33	YRS. MON	THE DAYS	HOURS	MIN.	(Month, D		1000	Countr N/17	ARYLAND	
	9a. FACILITY NAME (If not instituti	ion, give str	eet end number)			9b.	CITY, TOWN	OR LOCAT	ION OF DE		11 20		NTY OF D		
O.	BAYSIDE NURSI	ING C	ENTER			Ī	EXIN	MOT	PARK			ST	MAI	RY'S	
DIRECTOR		COUNTY							7,11,11			1 31	UAI		
Ë	112				l'		Ic. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
	MARYLAND  100. STREET AND NUMBER	ST.	MARY'S			GREAT	MILI	S H. ZIP COD					1 YES 2 NO		
RA		_					- 1,							WHAT COUNTRY?	
FUNERAL	104 NANCY LAN	NE:	12. WAS DECEDEN	IT EVER IN	IIS ADME	n T	12 WAS DE	2063		IC ORIGIN? (S	a alt. M.	UNI		STATES	
	1 Never Married 2 Marr	fed	FORCES? 1	YES	2 X NO		If yes, s	pecify Cub	en, Maxicai Specify	n, Puerto Rica	n, etc.)	or No-	Black	— American Indian, , White, atc.	
ВУ	3 X Widowed 4 Divorced		W 123, GHZ V	MIN ON DA	il ES		1 📋 🕫	S 5 M NO	Specify	:			Speci	•	
ETED	15. DECEDEN (Specify only high				16a. DECEL	DENT'S USUA	L OCCUPAT	ION	laa	16b. KJ	ID OF BUS	SINESS/INC			
	Elementary/Secondary (0-12)		College (1-4 or 5	+)	life. Do	NOT use retir	ed.)	OUT OF WORK	79						
COMPL					KII	CHEN	WAREN					ERVI	E		
8	17. FATHER'S NAME (First, Middle,							18. MOT	HER'S NAI	ME (First, Midd	le, Maiden	Sumame)			
H	DANT WILKINSO									CENWEL					
2	19a. INFORMANT'S NAME (Type/Pi									loute Number,			,		
	EVELYN WOODBU	RIN		Low					) NEC	K ROAL					
	1 Donation 5 ☐ Other (S)		val from State	ceme	PLACE AND	DATE OF DIS	POSITION (P	ame of		DATE	1.0	CATION —			
	21. SIGNATURE OF FUNERAL GET		NO 1	ISI	· Mac	HAEL	22. NAME /	ND ADDRE		2/17	RID	iE, N	1ARYI	AND	
	TENNAM!	N,	OW/	4							HOM	3			
	EDWARD N.		NSFIELD,				59 N	NSFIELD FUNERAL HOME N. WASHINGTON STREET, LEONARDTOWN, 1					DTOWN, MD		
	23. PART i. Enter the disease shock, or heart	ies, or co feliure. Li	implications the ist only one cau	t caused use on ea	tha daath ch iina.	. Do not a	ntar the m	oda of dy	ing, such	as cardiec	or respi	ratory an	rest,	Approximata interval Batween	
	IMMEDIATE CAUSE (Final disesse or condition				0			0		2			/	Onset and Death	
	resulting in dasth)	8.	DUE TO	700 10 1	02	VVZ	scu	Ka	1 0	Ecc	رگ	ow			
_			002 10	(OIL AS A	CONSEQUE	NCE OF J:									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate		DUE TO	(OR AS A	CONSEQUE	NCE OF):			-					_	
8	cause. Enter UNDERLYING CAUSE (Disease or injury	2 .													
E	that initiated events resulting in death) LAST	4	DUE TO	(OR AS A	CONSEQUE	NCE OF):									
ER	resulting in death, CAST	d,													
	PART II. Other significant co	onditions	contributing to	daeth bu	it not resu	iting in the	undarlyli	g cause	given in i	Part I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
EDICAL											PERFOR	10	17.50	AMILABLE PRIOR TO COMPLETION OF CAUSE	
9										-   11	YES	( HO		OF DEATH?	
Z: W						-				-				TES 2 NO	
A	25. WAS CASE REFERRED TO ME						26. F	LACE OF D	EATH (Che	ck only one)					
SIC	1 YES 2 NO		HOSPITAL:	ER/Outpe	itlant 3 🗆 i	DOA 4	HER: Nursing Ho	ne 5 🗆 R	asidence	5 ☐ Other (Sp	ecify)				
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF (Month, D		26	Bb. TIME OF	28c. IN	JURY AT		28d. DESCRI		JURY OC	CURED		
BY	Netural 5 Pendi	ing tigation	[	uy, 10m)	[	INJUNI		YES 2	□ NO						
	3 Suicide 6 Could		28e. PLACE O building,	F INJURY -	At home,	farm, street,	factory, offi	0		281. LOCATIO	N (Street a	nd Number	or Rural A	oute Number,	
COMPLETED	4 Homicide detarr	mined				_					arri, Gialo,				
<u>-</u>	29a. CERTIFIER (Check only	G PHYSICI	AN: To the best of	my knowle	dge, death	occurred at 1	he time, dat	and place	, and due t	to the cause(s	) and man	ner aa stat	ed.		
ON	one) 2 MEDICAL I	EXAMINER:	On the basis of a	xamination	and/or Inve	stigation, in	ny opinion,	seath occu	red at the t	lime, data and	place, and	due to th	e cause(a)	and manner as stated.	
ш	296. SIGNATULE AND TITLE OF C	ERTIFIER		1				29c. LIC	ENSE NUM	BEA		29d. DAT	E SIGNED	(Month, Day, Year)	
m	D14285   12-16-92														
5	30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CAOS	SE OF DEAT	TH (ITEM 27	) (Type, Print)					1016				
1	WILLIAM D. BO	YD, I	II MD	17	JEFF:	ERSON	STRE	ET, I	EONA	RDTOWN	V, MA	RYLA	ND 2	0650	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE														
	The state (Month, Bay, 100)	1111	100000	فكة وتبدون											



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THE HOSPITE. A PAYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE PUNERAL DIFFERENCE FOR this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the property of the page of the pag	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR			С	ERTIF	ICATI	E OF	DEAT	ГН		EG. NO.				
1. DECEDENT'S NAME (First, I	Aiddle, Last)		Y	DUNG					2. DATE OF I	ber 3	), 1	992	7:5	2 PM
4. SOCIAL SECURITY NUMBER	11115	x	8. AGE (In yrs. Is	nst birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF E	SIRTH v. Vaar)			ACE (Stete o	r Foreign
216-22-445	-	M 2 ∑ F	87	YRS.					26,190			yland		
7208 Viole		d number)			9b. CITY	Syke	SVII.	Le	EATH	90	9c. COUNTY OF DEATH  Carroll			
RESIDENCE OF DEC	DENT 10b. COUNTY		10c. CITY, TOWN OR LOCATION							10d. INSIDE				YTE
Maryland	mre				utus				LII				NO NO	
104. STREET AND NUMBER						10f	ZIP CODI	E		10	g. CITIZE		AT COUNTR	
4 Glena	rtney Ro	ad					21:	227				U.	S.A.	
11. MARITAL STATUS  1 Never Married 2 1 1  3 Widowed 4 Divor	larried F		EVER IN U.S. A YES 2 K AR OR DATES			If yes, spe		n, Maxica	IIC ORIGIN? (S n, Puerto Ricar /:		No- 1	4. RACE - Black, Specify.	- American White, etc. Wh	indian,
	DENT'S EDUCATION		16a. D	ECEDENT'S	USUAL C	CCUPATIO	N et of workin	27	16b. KIA	ID OF BUSINE	SS/INDU	STRY		
Elementary/Secondary (0-		ege (1-4 or 5+)		le. Do NOT u	se retired.)	wife								
17. FATHER'S NAME (First, Mic									ME (First, Midd		name)			
Charles A. I				Ob 884 400	ADDRES	0 /0			Thomps		tota Tr	Parel L		
									Route Number, (					
20a. METHOD OF DISPOSITIO			20b. PLAC	E AND DAT	E OF DISE	POSITION	(Name		DATE	20c. LOCAT	_		n, Stata	
1 KBurial 2 Cremation 4 Donation 6 0 Other		om State		adowr				У	1/4/9			Cou		
21. SIGNATURE OF FUNERAL			-0		22.	NAME A	D ADDRE	SS OF FA	CILITY	7 7		7		
Harr	1 P. L	Vela	Es		H	arry	HW	1tzk	e Fune	eral H	ome	Inc.	4+ 2	1043
Sequentially list condition of any, leading to immediate the UNDERLYII CAUSE (Disease or injuitant initiated events	late IG y c	OR AS A CONS	EOUENCE O	PF):	J									
PART II. Other algnification	d	tributing to	t not reaulting in the underlying ca				PERF			S AN AUTOPSY REORMED?  ES 3 NO  24b. WERE AUTOPS AMILABLE PR COMPLETION OF DEATH?  1 YES 2			OF CAUS	
25. WAS CASE REFERRED TO EXAMINER?		SPITAL:					ACE OF D	EATH (Ch	eck only one)					
1 TYES 2 NO	10	Inpatient 2 🗆	ER/Outpatient	3 🗆 ODA	4 Nu	R: irsing Horr	. 6 A	esidenca	6 🗆 Other (S					
27. MANNER OF DEATH	ending	26a. DATE OF (Month, De	INJURY ly, Year)	28b. TII	WE OF		RK?		28d. DESCRI	BE HOW INJU	IRY OCCI	URED		
2 Accident 3 Suicide 6	rvestigation	26s. PLACE OF INJURY — At home ferm					YES 2 [	NO	281. LOCATION (Street and Number or Rural Route Number, City or Rwm. State)					
29a. CERTIFIER 1 CERT	FYING PHYSICIAN:									d place, and d	us to the			na stated
30. NAME AND ADDRESS OF	PERSON WHO JON	IPLETED CAUS	SE OF DEATH OF	TEM 27) (Typ	o Print)	711 (1	0	AM	V April	LK P	20	FU	100	7/1
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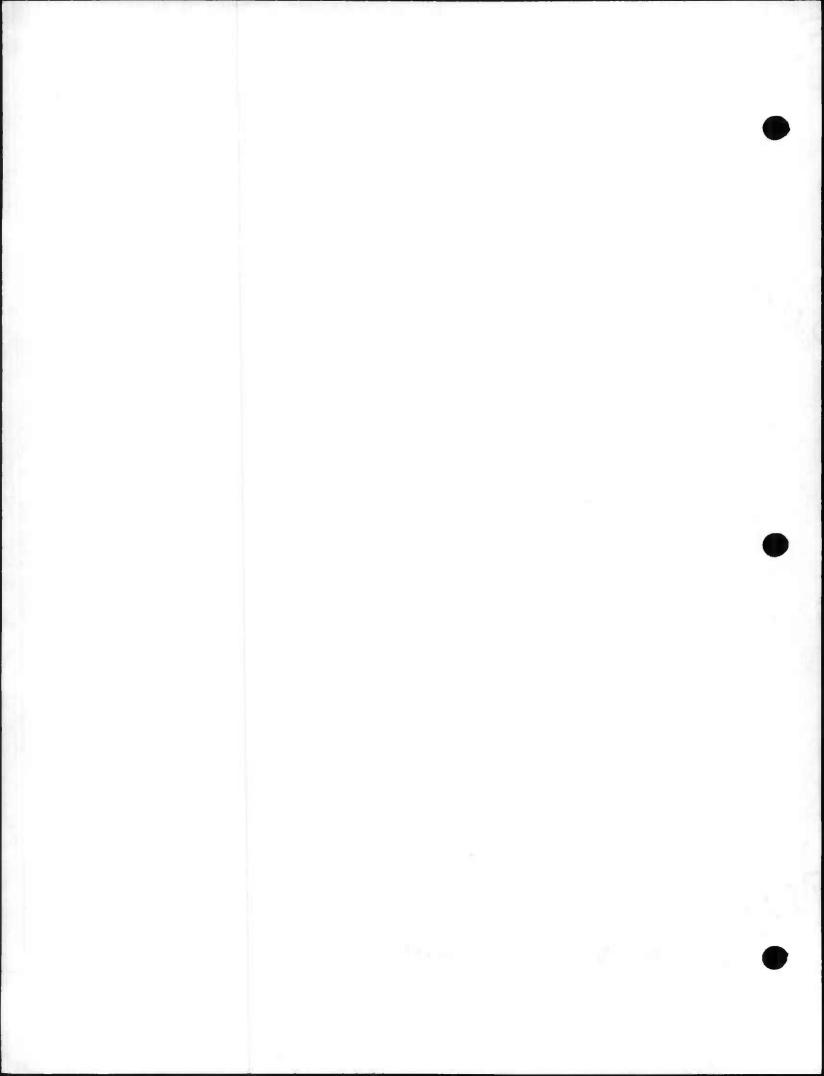
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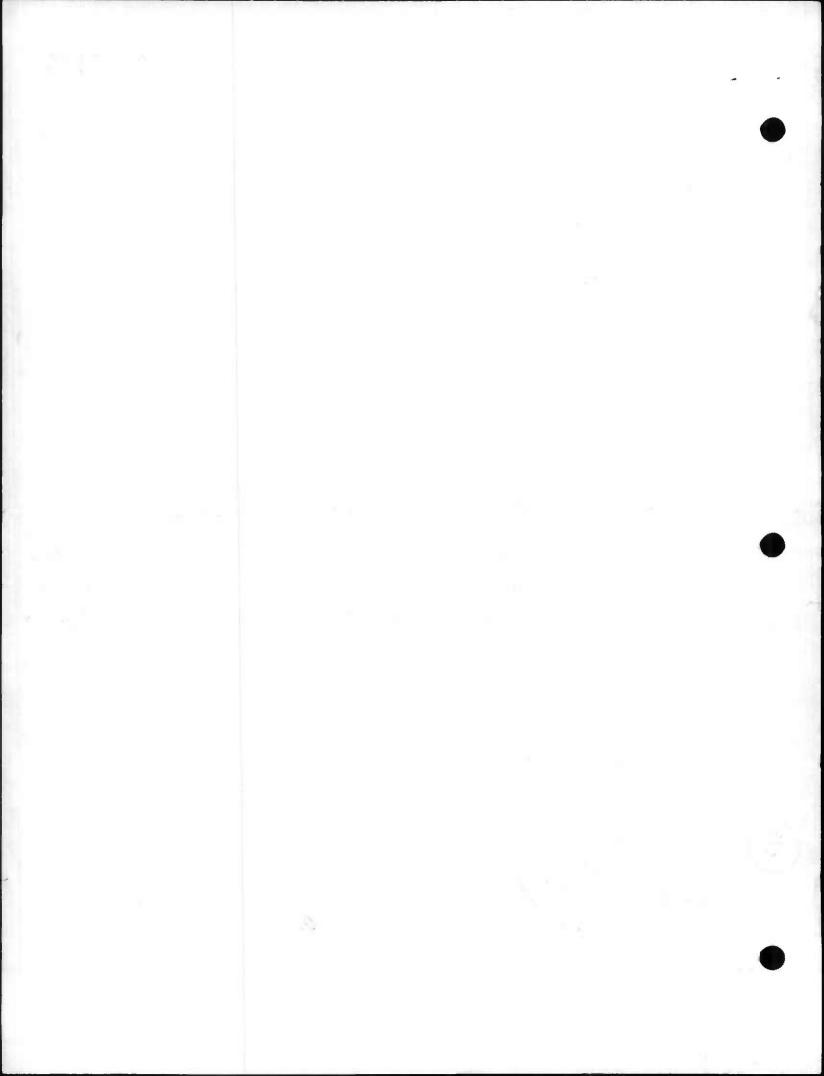
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il examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hospi	TO THE HIGPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
BALTIMORE, MARYLAND	WISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIE	NE 92	38112		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
1 1	John Joseph	Zeall,	Jr.			December	30, 199	2 11:30 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In )		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFITH	8.1	BIRTHPLACE (State or Foreign		
	205-50-8408	112 M 2 □ F 29	YRS. MOI	THE DAYS	HOURS MIN.	March 5		country) ennsylvania		
	9a. FACILITY NAME (If not institution, give st	reet and number)	94	CITY, TOWN O	R LOCATION OF D		T 9c. COUNTY			
B	824 Gallop Hill Road, #E Gaithersburg Montgom									
DIRECTOR	RESIDENCE OF DECEDENT									
R	10a. STATE 10b. COUNTY		10~_CITY, TO	OWN OR LOCAT	ON			10d, INSIDE CITY LIMITS?		
		erks	Do	uglass				1 JYES 2 X NO		
PAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	414 Glenwood Driv				19518			ed States		
5	11. MARITAL STATUS  1 Never Married 2 X Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES				NIC ORIGIN? (Specify )	es or No- 14,	RACE — American Indian, Black, White, etc.		
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	3		2 NO Specif			Specify:		
	15. DECEDENT'S EDUC	CATION	Sa. DECEDENT'S USU	AL OCCUPATIO	,			White		
	(Specify only highest grade	completed)	(Give kind of work life. Do NOT use rel	done during mos			USINESS/INDUST	IHY		
P	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Desig	mor		Engine	_	0		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4.1	Desig	ner	18 MOTHER'S NA	ME (First, Middle, Maid		Company		
	John Joseph	Zeall, Sr.		Í	Ann	- International Control				
BE	19a. INFORMANT'S NAME (Type/Print)	acarr, or		ORESS (Street or		Marie Route Number, City or Ti	Rot			
5	Judy Lynn Zeall									
- 8		20b PI	ACEAND DATE OF DE			New Ber	OCATION — City			
- ĝ	20g, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	ovel from State cemete	ry, crematory or other p	olace)		l Po	ttstown.			
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE		Aloysit 0831		D ADDRESS OF FA	1/5/93 Per	ınsyıvaı	nia		
	* Larbara Jon	millen La	Wrence	Bethes Bethes	da-chevy	Chase 1 and 208	14-3501	54 Wisconsin		
	23. PART I. Enter the diseases, or c	omplications that caused th	ne death. Do not							
	shock, or heart failure. L	List only one cause on each	n line.					Onset and Death		
	disease or condition	GUNSM	OT 1	UNUN	1 )			ALUTE		
	resulting in death)	DUE TO (OR AS A CO		/ (	<u> </u>			Neure		
z	<b>C</b> .									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):							
3	CAUSE (Disease or Injury	<u>.</u>								
드	that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):							
监	resulting in death) LAST	i								
9	PART II. Other significant conditions	s contributing to death but	not resulting in th	ne underlylno	cause often in	Part I 24- MRG /	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
র				io dilucitying	Cause given in	PERF	ORMED?	AMILABLE PRIOR TO		
						1 □ YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
Σ								1 TYES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL									
ᅙ	EXAMINER?	HOSPITAL:	01	HER:	NCE OF DEATH (Ch					
إ≚	27. MANNER OF DEATH	1 Inputient 2 ER/Outputie				6 Other (Specify)				
	1 Netural 5 Pending	(Month, Day, Year)	286. TIME OF		IK7	28d. DESCRIBE HOW				
B	2 Accident Investigation	12 10-92 28e. PLACE OF INJURY -			E3 2   NO	SHOF 1		174		
유	3 2 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)				261. LOCATION (Stree City or Town, Star	(9)	iural Route Number,		
<u> </u>	29e. CERTIFIER		HOM				#10			
를	(Check only	CIAN: To the best of my knowledge								
COMPLETED	22 MEDICAL EXAMINER	R: On the basis of examination er	nd/or investigation, in	my opinion, de	ath occured at the	time, date end place,	and due to the ca	suse(e) and manner as stated.		
8	296. SIGNATURE AND TITLE OF CERTIFUED	2 11.	1	1	29c, LICENSE NUI	MBER	29d. DATE SK	GNED (Month, Day, Year)		
0	Accepta	Muyl	lee	007099 12-31-82						
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	00			nh.			
	31. DATE FILED (Month, Day, Year)	LE 10215 FE	RNW00,	D XD.	DETI	48-SDA	1110 2	0817 1106		
J	JAN 04 '93	Je. REGISTRAR'S SIGNATU	andella							
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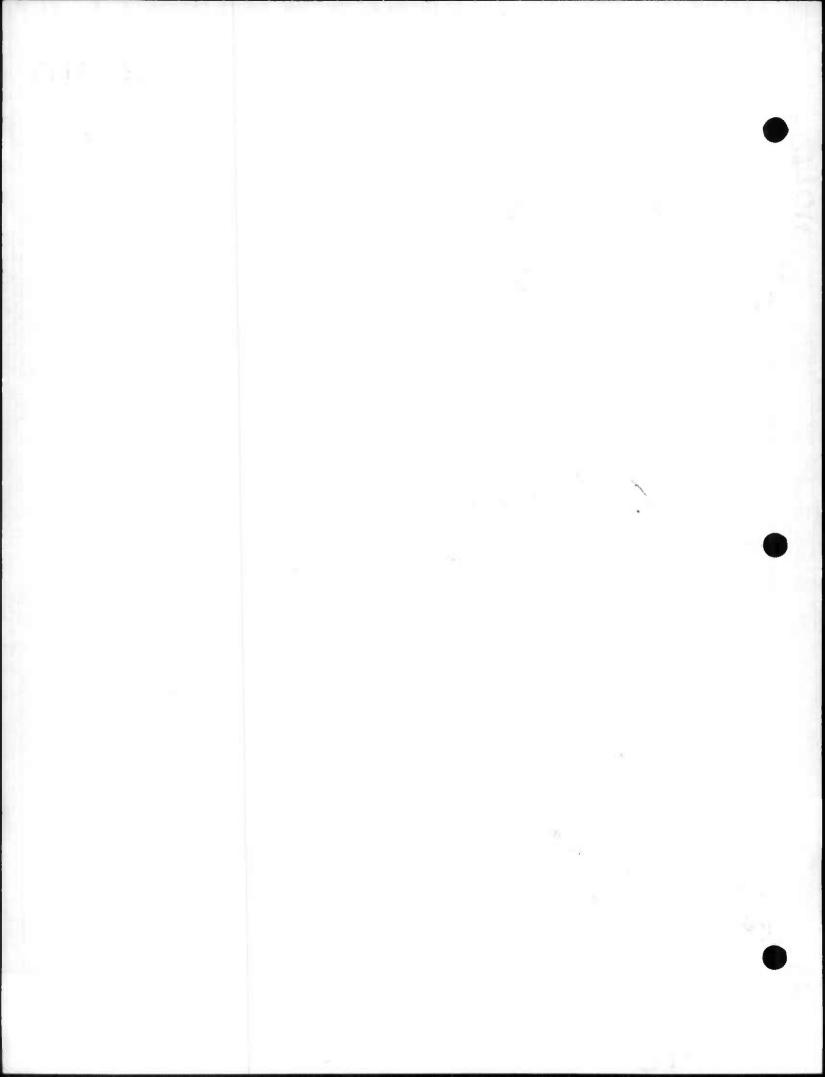
1.7										2. DATE	OF DEATH		YEAR 3	9130
	4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yr	rs. last birthday)		¥	IF UNDER	24 HRS.		OF BIRTH	W /	. BIRTHPL	ACE (State or Fo
	213-86-13	31	1 - M 2 1 F	28	YRS.	MONTHS	DAYS	HOURS	MIN,	Sep	t. 2,	1964	Country)	vland
	9e. FACILITY NAME (# not	t institution, give	street and number)			9b. CIT	Y, TOWN C	OR LOCATIO	ON OF DEA		C. 2,	9c. COUNT	_	
OR	University	of Ma	ryland Ho	spital	1	I	Balt	imore						
DIRECTOR	RESIDENCE OF DI	ECEDENT												
2		10b. COUN			10000		OR LOCAT							LIMITS?
	Maryland 100. STREET AND NUMBE		St. Mary's	1,16	Mechanicsville					The state of the s			YES 2	
FUNERAL	Box 905 Mt		Chumah I	n.a			101		659	-			U.S.	AT COUNTRY?
Ä	11. MARITAL STATUS	. 21011	-				1 1000 2 1000 1							
ВУ	1 Never Married 2 [ 3 Widowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO NO	13.	If yes, sp	ENDENT O ecify Cuba 2 M NO	n, Mexican	, Puerto F	? (Specify Yer tican, etc.)	s or No— 1	4. RACE — Black, V Specify:	American Indi White, stc. White
ED	15. Di	ECEDENT'S ED	DUCATION	184	. DECEDENT'S					16b.	KIND OF BU	SINESS/INDU	STRY	
ET	Elementary/Secondary		College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done	auring mo	ist of worldn	g					
MPI	12th Grade				Home	emake	er				He	ome		
COMPL	17. FATHER'S NAME (First,	Middle, Last)								ME (First, A	ficidle, Maiden	Sumame)		
BE (	George	Richa	ırd Ar	mdt, 1				Kar			ouise		Gray	
TO E	19a. INFORMANT'S NAME											rn, State, Zip C		
-	Joseph Dan		ppett		Box 90	05 M	t. Z:	ion C	hurc	h Rd	. Mec	hanics	svill	e, Md.
	20e. METHOD OF DISPOS 14 Buriel 2 Crema	HTION Hon 3 - Ra	moval from Stata		ACE AND DATE					DATE	20c. LO	CATION — C	ty or Town	, State
1	4 Donation 6 Oth	ner (Specify)	17	St.	Joseph						Mo:	rganza	a, Ma	ryland
	21. SIGNATURE OF FUNEY	HAL SERVICE I	LIGENSEE / /_			22	MAME AN	ID ADDRES	S OF FAC	ILITY				
	0/1	11 1	1 11111		1					min	ar Fur	Israe	Home	D A
	23. PART I, Enter the	diseases, or heart fallure	a. Self	955	line.	M F not ente	Matti	ngle Box	y-Gai 270 I	Leon	ardto	wn. Ma	rvla	Approxim Interval B
ERTIFICATION	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition	diseases, or heart failure	a. Suffe to	OR AS A CO	e death. Do line.  WISEQUENCE OF MISEQUENCE	M F not ente	latti	ngle Box de of dyl	y-Gai 270 I	Leon	ardto	wn. Ma	rvla	Approxim
ICAL CERTIFICATION	23. PART I. Enter the shock, or IMMEDIATE CAUSE (f disease or condition resulting in death)  Sequentially list condif sny, leading to Immicause. Enter UNDERI CAUSE (Disease or in that initiated events	diseases, or heart failure Final ditions, nedlata LYING hjury	a. September 10 one cau  a. September 10 oper	OF AS A COL	NSEQUENCE OF SEQUENCE OF SEQUE	M F root ente	fatti 2.0. r the mo	Box de of dyl	y-Gai 270 I ng, such	Leon.	ardtor llac or respi	Wn , Ma iratory arred	24b. W	Approxim Interval B Onset and Super Autopsy F Allable Prior
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	nightin 24 hours offer death. Brass & grass he retained he she hearing as seen dies.
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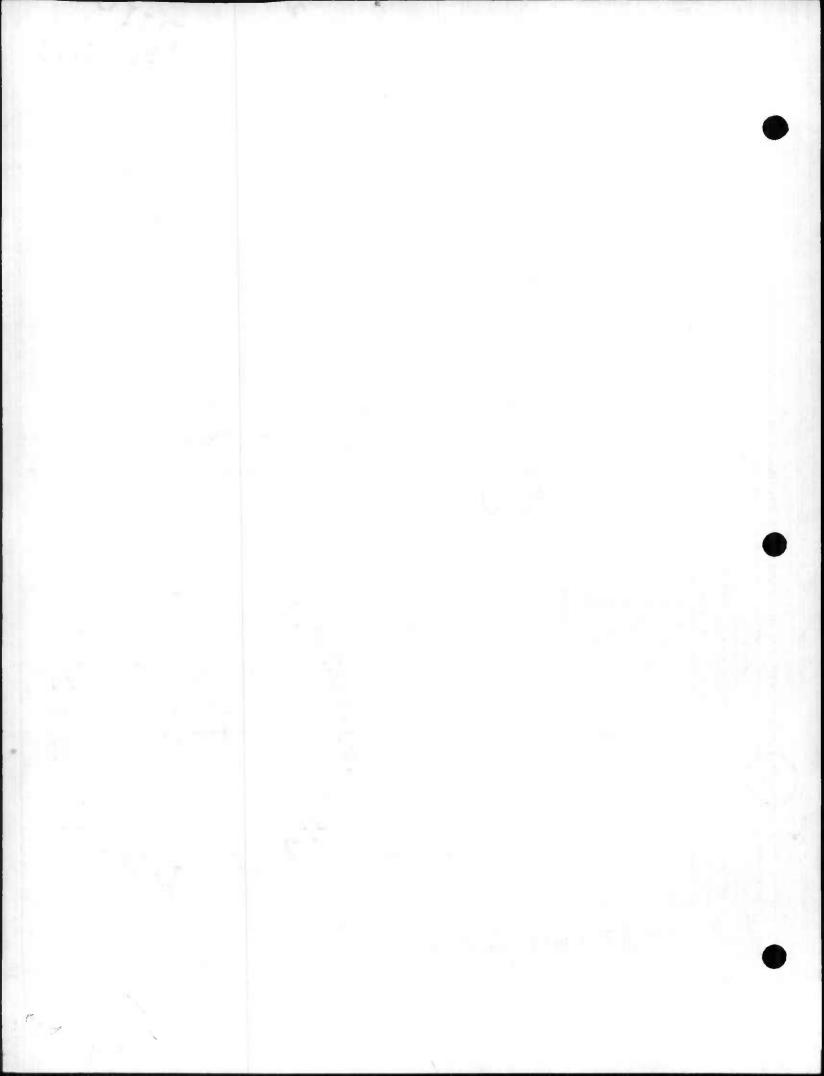
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1. DECEDENT'S NAME (First, Middle, Last)  Leah Ruth	A	BRAMS	MITICIO	AIE	F DEATH	2. DATE OF DEATH BY DECEMber 2	29 1992	3. TIME OF DEATH 11:00 A M	
Pin		4. SOCIAL SECURITY NUMBER  085-30-9976	5. SEX 6. AGE	(In yrs. lest t	YRS.	FUNDER 1 YEA	R IF UNDER 24 HRS. 8 HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) July 17,	8. Bif	RTHPLACE (State or Foreign unity)  Very York F DEATH	
1, 2, 3 should	DIRECTOR	90. FACILITY NAME (If not institution, give to DOCTORS COMMUNIC RESIDENCE OF DECEDENT			94	Lanh	IN OR LOCATION OF DE	ATH		e George	
020 physician. burial-transit permit. Pages 1,		Maryland Prir	r ice Georges		10g. CITIZEN O	10d. INSIDE CITY LIMITS?  1 YES 2 NO  F WHAT COUNTRY?					
ansit p	FUNERAL	5801 Shepherd I	ane				20706	5	U.S.A.		
oding s the	B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	EO	If yes	DECENDENT OF HISPAN, apecify Cuban, Mexica YES 2 NO Specify		Bi	ACE — American Indian, lack, White, etc. sectly: White	
2121	E	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a, DECI	EDENT'S US	WAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTRY		
AND 2 the hospital of detached for once.	COMPLET	Elementary/Secondary (0-12) 12	College (1-4 or 5+)			anage:		Robinso	on Optio	cal Co.	
AN the hos detach	COM	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Malden			
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE	David Reich  190. INFORMANT'S NAME (Type/Print)		401				e Winkler			
MAR e retained 5 5 should notified	2	Joan Hei						house Number, City or Town			
AORE, le 6 may be rector, page	ľ	20e, METHOD OF DISPOSITION 1	oval from State	b. PLACE AN	D DATE OF D	DISPOSITION place)			CATION — City or	Town, State	
BALTIMORE, hours after death. Page 6 may be ed in by the funeral director, page or removal.  medical examiner must be in		21. SIGNATURE OF PHINERAL SERVICE LIN	Heals			Rei	e and address of fa ndon/Hale	Funeral Ho	ome		
within 24 mpletely fill cremation vent, the		23. PART Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause dist only one cause on	In	ute	enter the	mode of dying such	Failur	ratory arrest,	Approximate interval Between Onset and Desth	
P.O. BOX 68 th certificate be executed physician and if Hyglene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	10	resi	aly	ef Cac	Lepia		1 year	
0 5 4 2 5		PART II. Other algolficant condition	contributing to deeth	but not rea	suiting in	the underly	ring dause given in	Part L. Ste. WAS AN		4b. WERE AUTOPSY FINDINGS	
COR ires that signed by lealth an	: MEDICAL	- Uri	ralm 1	MA	ct	1	Jeclian	PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
VITAL REAL AND THE LAW	SICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (Ch	ack only one)			
F VITAL RESIDENT: The law requestributed has been to the State Dept. of 1, or Item 23 sho	IYSI	1 YES 2 NO	1 Diffipation 2 ER/Out		DOA 4		iome 5 🗆 Residence				
O 축 물 를 및	ву Рну	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME O	Y M 1 [	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW II			
BIVISION ON ATTENDING I	ETED	2 Recognition 3 Suicide 8 Could not be determined  28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)									
E SE	COMPLET		ICIAN: To the best of my know ER: On the bests of exeminate							e(a) and manner sa stated.	
THE HOST THE FUNCTION THE FUNCT	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WH	4//6	CON	27) (Type, Pri	11 D	29c. LICENSE NUM	7479	29d, DATE SIGN	Commonth, Day, Year,	
(2)		Thomas G. Malon 31. Date Filed (Month, Day, Year)	/ nev_4814_71s	st Ave	Hv:	attsv	ille, MD 2	0784			
		DEC 3 0 1992	32. REGISTRAR'S SIGN	lson-Ro	indell						



	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	32	3011			
	1. DECEDENT'S NAME (First, Middle, La ROBER		ON		2. DATE OF DEATH MONTH 12-31-	-92 YEAR 5. TH	ME OF DEATN			
	4. SOCIAL SECURITY NUMBER 216-05-4344	5. SEX 6. A		F UNDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 1-25-191	B. BIRTHPLACE	E (State or Foreign			
OR	9a. FACILITY NAME (If not institution, gh At Hom	The state of the s		96. CITY, TOWN OR LOCATION OF Bivalve	DEATH	Bc. COUNTY OF DEATH Wicomic	0			
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COU	NTY icomico	10c. CITY,			INSIDE CITY				
	10e. STREET AND NUMBER			ivalve 101. ZIP CODE		1 🔀	YES 2 NO			
FUNERAL	Mailing Addre	12. WAS DECEDENT EVE	R IN U.S. ARMED	kin 21865  13. WAS DECENDENT OF HISP, If yes, specify Cuben, Mexic	ANIC ORIGIN? (Specify Yea o	U · S · A ·	merican Indian,			
BY	3 Widowed 4 Divorced	FORCES? 1 - Y	WW 2	1 TYES 2 NO Spec			White			
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 1.2	College (1-4 or 5 +)	life. Do NOT use	rk done during most of working	16b. KIND OF BUSIN	IESS/INDUSTRY				
OM	17. FATHER'S NAME (First, Middle, Last)		ranei		IAME (First, Middle, Meiden Su	rmama)				
BE C	Henry P. A	nderson			ie T. Bro					
2	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rura	I Route Number, City or Town,	State, Zip Code)				
	Mildred Ande		Drawe 20b. PLACE AND DATE OF	r A, Tyaskin						
	1 N Buriel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)		Between to be of the			alve, Md.				
	21. SIGNATURE OF FUNERAL SERVICE		1-417	22. NAME AND ADDRESS OF F						
	23. PART I. Enter the diseases, o shock, or heart feliur IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metas	tatic Car	enter the mode of dying, au	ch as cardiac or respira	tory arrest,	Approximata Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c Chron:	oce11uar s a consequence of: ic Hepati s a consequence of:	Carcinoma of	f the Live	r				
1 1	PART II. Other algnificant conditi	one contributing to deet	but not resulting in	the underlying cause glyen in	n Part I. 24s. WAS AN AU					
4: MEDICAL		Chron	ic Pulmo	nary Disease	PERFORME  1 YES 2 5	ED? AMAILA COMPI OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLAGE OF DEATH (C	heck only one)					
IYSI	1 TYES ZYNO  27. MANNER OF DEATH	1   Inpetient 2   ER/O	urtpettient 3 DOA 4	THER: ☐ Nursing Nome 5½ Residence	T					
BY P	1 Natural 5 Pending 2 Accident Investigation		r) INJUE	WORK?  M 1 YES 2 NO	28d. DESCRIBE NOW INJU	URY OCCURED				
ETED	3 Suicide 6 Could not b 4 Homicide determined	building, etc. (S	RY — At home, term, strepecify)	et, factory, office	261, LOCATION (Street and City or Town, State)	Number or Rural Route No	umber,			
COMPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
10 時	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  1/2/1993									
4	John T. Bulkeley M.D., Pine Bluff Road, Salisbury, Md. 21801									
1VA	JAN 0 4 1993	Julia Davidson-	Aandell.							

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF ICATE OF	HEALTH AND		HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest	a a	Mo	5		2. DATE OF MONTH	DEATH DAY	YEAR 255/	MM
	4. SOCIAL SECURITY NUMBER 577 42 4361	1 D M 2 K F 80	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, 5)	712 S	So. Carolina	wign "
10R	Suburban Hospit.  RESIDENCE OF DECEDENT			Bethesda  So. COUNTY OF DEATH  Montgomery					
DIRECTOR	10a. STATE 10b. COUN	m gomery	mery Gaithersburg					10d. INSIDE CITY LIMITS? 1 K YES 2   1	
FUNERAL (	100. STREET AND NUMBER 28 Bush Hill Cou	rt		10			en of what country?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	if yes, e	CENOENT OF HISPA pecify Cuben, Mexico S 2 3 ND Specif	nn, Puerto Rici		14. RACE — American India Black, White, etc. Specify: Black	n,
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 1 2		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during in se retired.)	ION post of working		nd of Business/INDU	STRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) ASHWELL MCFADD	IN			16. MOTHER'S NA	BURGE	dle, Malden Surname)		
5		(DAUGHTER)					City or Town, State, Zip of burg, Md.		
	20a. METHOD OF DISPOSITION  **EXEMPTED STREET  **TOTAL CONTROL OF DISPOSITION  **TOTAL CONTROL	moval from State	b. PLACE AND DATE petery, crematory or c larmony	lemorial	Park	12/29	LANDOVER,		
	21. SIGNATURE OF UNERAL SERVICE	Kres	M859	ALEX	ANDER S. Pennsyl	POPE	FUNERAL HO	DC 20020	
	23. PART I. Entar tha diseases, or abook, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. UREMIA	nach line.		ode of dying, suc	ch as cardia	c or respiratory arre	et, Approxima Interval Be Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. HYPER TO DUE TO (OR AS	A CONSEQUENCE O	<b>न</b> ः	15				
MEDICAL	PART II. Other algorificant conditions Carebrours a  ANEMIR		but not reaulting	in the underlyk	ng cause given in		PERFORMED  YES 2 HO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 VES 2 N	AUSE
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (Ch		Specify)		
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY 28c. IN	JURY AT ORK? YES 2 NO		IBE HOW INJURY OCCU	JRED	
TED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, farm, ocify)	street, factory, offi	Ce Ce	28f. LOCATE City or 1	ON (Street and Number of Town, State)	r Rural Route Number,	
COMPLE		SICIAN: To the best of my know IER: On the basis of examination							Med.
O BE	29d. DATE SIGNED (Month, por D337/9) 12/22/9								
		NTE OME MY	VILLAGE	AVE	Ste 6	14 6	BAITH MP	20879	
	31. DATE FILED THOMAT DOY 1644 10	32. REGISTRAR'S SIGN	NATURE D	. 00					



1

TO BE COMPLETED BY FUNERAL DIRECTOR

	, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-	TO THE HI WHAN CHANDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends	TOTHE FINE CONTROLL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	ntal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
(	TOWNSION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HAMPINE OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNDAL DISCOURT After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any inju

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Netural
Accident
Suicide

FOR 1 - STATE	STATE OF I						D MI	ENTAL HYGIEN	IE	32	38117
1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICALE	: OF	DEATH		REG. NO	).		
							12	P. DATE OF DEATH MONTH	MY	YEAR	3. TIME OF DEATN
MARGARET		BARONI					_	ECEMBER 28	. 1992		7:32 P M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS		Month, Day, Year)		a, BIRTI	HPLACE (State or Foreign
184-18-5460	1 🗆 M 2 📈 F	70	YRS.			3.00		JULY 24 1	922	PEN	NSYLVANTA
9a. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY,	TOWN (	OR LOCATION OF	DEAT	н	9c. CO	JNTY OF E	
PATUXENT RIVER NAV	AL HOSPI	TAL		PAT	UXE	NT RIVE	R		C/TI	MA	DVIC
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY										· MA	
1,000 1,000			10c. CH	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
	MARY'S		DA	MEROI	V						1 TES 2 NO
10e. STREET AND NUMBER					101	. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?
GREEN HILLS FARM						20628			IINI	TED	STATES
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13, Y	MAS DEC	ENDENT OF HISE	PANIC	ORIGIN? (Specify Ye	s or No-		E — Americen Indian, ik, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	Allo			2 NO Spe		Puerto Rican, etc.)		Spec	
A										WHI	TE
t5. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a	Give kind of	work done a				16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u								
12			BAI	KERY				FOOD	SER	VICE	
17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S	NAME	(First, Middle, Maiden	Sumame)		
JOSEPH KALNASY						MARY M	/UR	T			
19e. INFORMANT'S NAME (Type/Print)			196, MAILING	ADDRESS	(Street e	nd Number or Run	ral Rou	te Number, City or Tox	m, State, Zi	(p Code)	
GEORGE E. BARONTAI	K		GREEN	HILI	S F	ARM, DA	ME	RON. MARY	LAND	20	628
20e. METHOD OF DISPOSITION  1 XBurial 2 Cremation 3 Remo	oval from State	20b. PLA	CE AND DATE	OF DISPOSI	TION (Na	me of	1		CATION -	City or To	own, State
21. BIGNAZURE OF FÜNERAL BESVIGE LIC	piace . A	1311	MICHA		IAME AN	ID ADDRESS OF			DGE,	MAR	YLAND
EDWARD N. BRII	SM/	TR M	00052	BF	RINS	FIELD F	UN	ERAL HOME	_	0111	DOMESTIC AND
23. PART I. Enter the diseases, or o				not enter	the mo	da of dylng a	ACT.	ON STREET	Iraton a	ONAR	DTOWN MD
snock, or neart failure.	List only one cau	ise on eech	line.			on craying, or		a cardioc or reap	watory as	reat,	Interval Between
IMMEDIATE CAUSE (Final disease or condition	C 0	0 1	n.	AC	20	F 67	-				Onset and Death
resulting in death)		K DI	AC ISEQUENCE O		< 1<	EST					
	A do lo	(OH AS A CON	D D	7		11	4	A			
Sequentially list conditions,	2. 7) 1)	(OR AS A CON	<u> </u>	771	$\supset Y$	IIICA		100			
If any, leading to immediate cause. Enter UNDERLYING	C	(OH AS A CON	SEQUENCE O	F):	10			DIL	1 -		
CAUSE (Disease or Injury	>/P	17/1	140	4	V	alv	9	rep	10	ee	ment
that initiated events resulting in death) LAST	-	(OR AS A CON		F):	^	4	1	1		00	
reading in death, Exst	Ce	rel	2X 0	V	n	San	L	OW IN	251	1	rience
PART II. Other aignificent conditions	a contributing to	deeth but n	ot resulting	in the un	derivino	Causa diven i	in Pa	rt I. 24a. WAS AN	AUTOREV	211	7
X = 0 2	12.	. 0	11.		0	July Street		PERFO		240	AMILABLE PRIOR TO
- 1) al, e	169	NE	1111	n	5			1 TES	NO		OF DEATH?
								- [			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (	Check	only one)			
1 TES 2 NO		ER/Outpatien	3 🗆 DOA	4 Nurs		5 🗆 Residence	e 8 [	Other (Specify)			
27. MANNER OF DEATN	26e. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	E OF URY	28c. INJI	URY AT	26	d. DESCRIBE NOW	NJURY OC	CURED	

29b. BIGNATUPE AND TITLE OF CENTIFIES

VINOD K. SHAH

31. DATE FILED (Month) Pay: Year)

5 Pending

t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify)

2 MEDICAL EXAMINER: On the table of examination end/or investigation, in my opinion, death

28c. INJURY AT WORK?

1 YES 2 NO

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Day, Year)

12/30/95

30

30. NAME AND ADDRESS OF PERSON WNO COMPLETED (ALS OF DEATH (ITEM 27) (Type, Print)

M.D

'92

SHAH ASSOCIATES

32. REGISTRAR'S AGNATURE - AND LESSOCIATES LEONARDTOWN, MARYLAND 20650

291. LICENSE NUMBER

9

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTION Ages who christicate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after charit with the State Debri, of Health and Mental Houses prior to burial committee or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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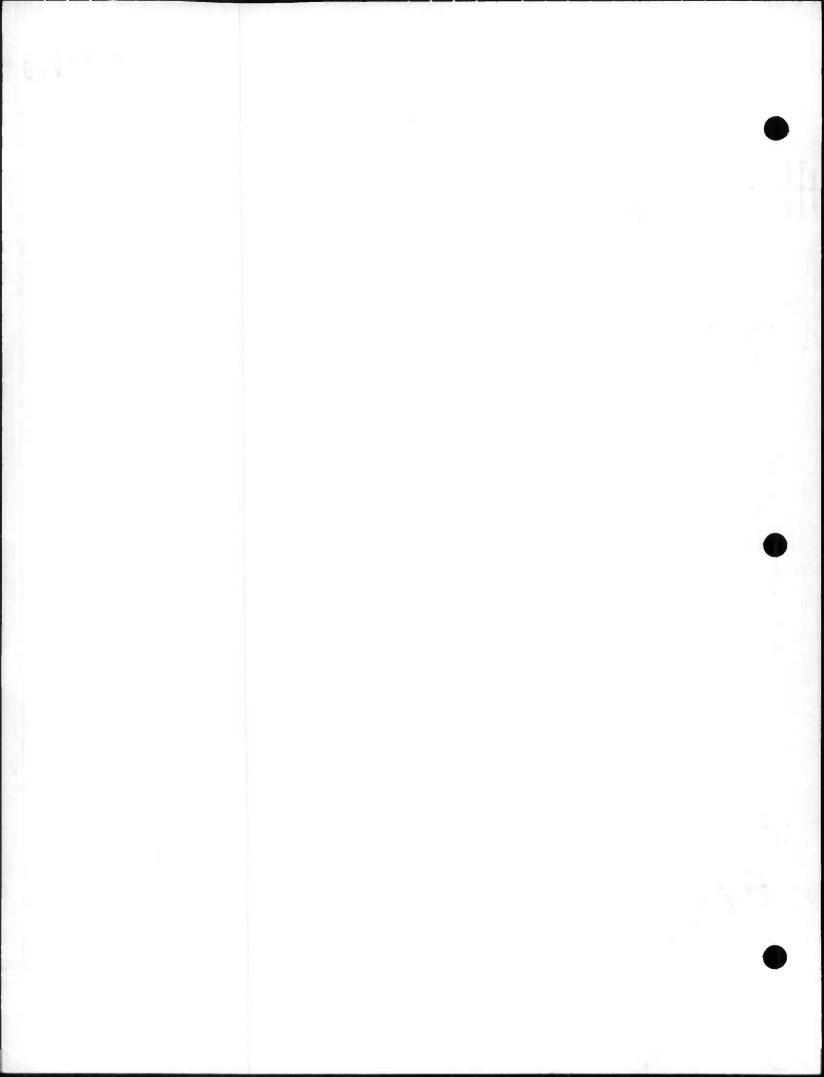
3 0 1992

	n du andra	100	Beaver	s	2. DATE OF	DEATH DAY	9 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 228-48-6159	5, SEX 1  M 2 XXF	54 N	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAY'S HOURS MIN.	7. DATE OF AUG.	3, 1938	8. BIRTH	PLACE (State or Foreign y)
9a. FACILITY NAME (If not institution, gi	,			, TOWN OR LOCATION OF E		9c. CC	UNTY OF D	EATH
9647 Gwynndale	Drive		Cli	nton		Pr	ince	Georges
	nty ice Georges		Clinton					10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
9647 Gwynndale	Drive			10f. ZIP CODE 20735			S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO		WAS DECENDENT OF HISP/ If yee, specify Cuben, Mexic 1 TES 2 NO Spec	an, Puerto Ric	(Specify Yes or No-	14. BACI	E — American Indian, k, White, etc. //y: white
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed)  College (1-4 or 5 +)	(Give to	NOT use retired.)	CCUPATION during most of working	16b. K	KIND OF BUSINESS/I	NOUSTRY	
17. FATHER'S NAME (First, Middle, Last)	4	progr	ramer	16. MOTHER'S N		mputers		
Donald Brandt					Bealor			
James M. Beaver	S			s (Street and Number or Rural ndale Dr. C	Route Number	r, City or Town, State, a		
200 METHOD OF DISPOSITION		1			DATE			nern State
1 N Burlet 2 Cremetion 3 Removal from the Geometry of other place) 4 Donetton 5 Other (Specify)  Geometry of other place) Washington National 12/31/92 Suitland, MD								
		gernetery cremeto Washing	gton Nat	tional  NAME AND ADDRESS OF F	12/31/		and,	MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSITE OF COMPILEATIONS that co	washing	ory or other place) Ston Nat 22.	tional NAME AND ADDRESS OF FUR	12/31/	92 Suitla	4308 Sui	Suitland F tland, MD 2
23. PART I. Enter the diseases, shock, of heart fellur IMMEDIATE CAUSE (Pinel disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OF	eenelery, cremeto WAShing	Mail Do not enter  Aclesta	tional NAME AND ADDRESS OF FUR	12/31/ ACILITY neral	Home, Inc	4308 Sui	Suitland Fitland, MD 2 Approximate Interval Between Onset and Death
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases, a shock, or heart fellur limited and the disease or condition resulting in death)	DUE TO (OF	eused the death. on each line.  The state of	Man. Do not enter	tional  NAME AND ADDRESS OF F  rshall's Fur  the mode of dying, su	12/31/ ACILITY neral	Home, Inc	4308 Sui	Suitland Fitland, MD 2 Approximate Interval Between Onset and Death
23. PART I. Enter the diseases, a shock, of heart fellul IMMEDIATE CAUSE (Pirrel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events	DUE TO (OF	eused the death. on each line. As a consequent	Mail Do not enter  Acless NCE OF:	tional  NAME AND ADDRESS OF F  rshall's Fur  the mode of dying, sur	12/31/ACILITY neral ch as cardle	Home, Inc	and, 4308 Sui	Suitland Fitland, MD 2 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, a shock, of heart fellul IMMEDIATE CAUSE (Pinel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events resulting in death) LAST	DUE TO (OF	eused the death. on each line. As a consequent	Mail Do not enter  **LUSTA**  NCE OF):  **NCE OF):  **Iting in the unity of the uni	tional  NAME AND ADDRESS OF F  rshall's Fur  the mode of dying, sur	12/31/ACILITY neral ch as cardle	Home, Inc.  BC or respiratory a  Libby di	and, 4308 Sui	Suitland Fitland, MD 2  Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
23. PART I. Enter the diseases, a shock, of heart fellur IMMEDIATE CAUSE (Pinel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	eused the death. on each line.  Offer of the As A consequent	Do not enter Acce, 22.  Mai  Do not enter  Acless  NCE OF):  NCE OF):  NCE OF):	tional  NAME AND ADDRESS OF F  rshall's Fur  the mode of dying, su  anderlying cause given in	1 Part I. 2	Home, Inc.  Home, Inc.  Bull de la	and, 4308 Sui	Suitland Fitland, MD 2 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the disease, a shock, of heart fellur IMMEDIATE CAUSE (Pinal disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OF d	especient ceremic WaShing  Bused the death, on each line.  The second se	DO not enter pace;  22.  Mai  Do not enter  Pullusti  NCE OF):  NCE OF):  NCE OF):  OTHER  DOA 4   Num  DOB TIME OF	tional  NAME AND ADDRESS OF F  rshall's Fur  the mode of dying, sur  the mode	1 Part I. 2 heck only one) 6 □ Other (6	Home, Inc. ac or respiratory a  Luby de  24a. WAS AN AUTOPS PERFORMED? 1 VES 2 (1)	4308 Suinrest	Suitland Fitland, MD 2 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the diseases, a shock, of heart fellur IMMEDIATE CAUSE (Pinel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF d	especient ceremic WaShing  Bused the death, on each line.  The second se	Do not enter Ace; 22.  Mai  Do not enter  Aclustic  NCE OF):  NCE OF):  Itting in the un  Accurate to the control of the contr	tional  NAME AND ADDRESS OF FI rshall's Fur the mode of dying, su  Localization  Address of Death (C)  28. PLACE OF DEATH (C)  31. PLACE OF DEATH (C)  31. PLACE OF DEATH (C)  32. PLACE OF DEATH (C)  33. PLACE OF DEATH (C)  34. PLACE OF DEATH (C)  35. PLACE OF DEATH (C)	1 Part I. 2 heck only one) 6 □ Other (6	Home, Inc.  Home, Inc.  Bull de la	4308 Suinrest	Suitland Fitland, MD 2 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the disease, a shock, of heart fellul IMMEDIATE CAUSE (Pinel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions, if the cause in the cause of injury that initiated events resulting in death) LAST  25. WAS CASS REFERRED TO MEDICAL EXAMPLER?  1 DYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OF	eused the death. on each line.  Offer of the consequent of the con	Do not enter of the control of the c	tional  NAME AND ADDRESS OF FI rshall's Fur the mode of dying, su  Localization  Addriving cause given in  28. PLACE OF DEATH (C. R: sing Home 5   Mesidence  28c. INJURY AT WORK? 1   YES 2   NO	Part I. 2  heck only one)  6  Other (3 28d, DESC)	Home, Inc. ac or respiratory a  Luby de  24a. WAS AN AUTOPS PERFORMED? 1 VES 2 (1)	4308 Sui	Suitland Fitland, MD 2 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETEN OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, a shock, of heart fellur IMMEDIATE CAUSE (Pinel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pinel disease or condition resulting in death)  PART II. Other algnificant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions, if any, leading in death) LAST  25. WAS CASS REFERRED TO MEDICAL EXAMPLER?  1 DYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation determined  29a. CERTIFIER (Check only) CERTIFYING PM.	DUE TO (OF	eused the death. on each line.  Offer of the consequent of the con	Do not enter Ace; 22.  Mai  Do not enter  Aclustic  NCE OF):  NCE OF):  Iting in the un  Accordance of the first open of the first open open open open open open open open	tional  NAME AND ADDRESS OF F  rshall's Fur  the mode of dying, su  color decrease given in  28. PLACE OF DEATH (C)  3: sing Home 5 [Nesidence  28c. INJURY AT  WORK?  1   YES 2   NO  lory, office	Part I. 2  heck only one)  6 □ Other (3)  286, LOCAT. City or	Home, Inc. ac or reapiratory a  Subv da  24a. WAS AN AUTOPS PERFORMED? 1 YES 2 PM  (Specify)  RIBE HOW INJURY O	4308 Suinrest,  Y 24b  CCURED CCURED	Suitland R tland, MD 2 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
23. PART I. Enter the diseases, a shock, of heart fellur IMMEDIATE CAUSE (Pinel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pinel disease or condition resulting in death)  PART II. Other algnificant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions, if any, leading in death) LAST  25. WAS CASS REFERRED TO MEDICAL EXAMPLER?  1 DYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation investigation determined  29a. CERTIFIER (Check only) CERTIFYING PM.	DUE TO (OF	eused the death. on each line.  Offer of the consequent of the con	Do not enter Ace; 22.  Mai  Do not enter  Aclustic  NCE OF):  NCE OF):  Iting in the un  Accordance of the first open of the first open of the first open of the first open open open open open open open open	tional  NAME AND ADDRESS OF FI rshall's Fur the mode of dying, su  Local Control  28. PLACE OF DEATH (C)  29. PLACE OF DEATH (C)  21. PLACE OF DEATH (C)  22. PLACE OF DEATH (C)  23. PLACE OF DEATH (C)  24. PLACE OF DEATH (C)  25. PLACE OF DEATH (C)  26. PLACE OF DEATH (C)  27. PLACE OF DEATH (C)  28. PLACE OF DEATH (C)  29. PLACE OF DEATH (C)  20. PLACE OF DEATH (C)  20. PLACE OF DEATH (C)  20. PLACE OF DEATH (C)  21. PLACE OF DEATH (C)  22. PLACE OF DEATH (C)  23. PLACE OF DEATH (C)  24. PLACE OF DEATH (C)  25. PLACE OF DEATH (C)  26. PLACE OF DEATH (C)  27. PLACE OF DEATH (C)  28. PLACE OF DEATH (C)  29. PLACE OF DEATH (C)  20. PLACE OF DEATH (	Part I. 2  heck only one)  5 Other (:  284. LOCAT. City or  e to the cause stime, date ar	Home, Inc.  BC or respiratory a  Call Was an Autops PERFORMED?  1 YES 2 (Specify)  FROM (Street and Numb Town, State)	4308 Sui- Y 24b  CCURED  CCURED  the cause(e	Suitland R tland, MD 2 Approximate Interval Between Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

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1	1. DECEDENT'S NAME (First, Middle, La	nst)		CERTIF	-	_ 01	DEAI		REG. NO	).		3. TIME OF DEATH
	Eugenia Mears							- 1		DAY .	YEAR	6:05
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER :	4 HRS. 7	DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreig
	215-38-2577	1 ☐ M 2 🂢 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country	ville, No
	Sa. FACILITY NAME (If not institution, gi				9b. CITY	TOWN 0	R LOCATIO	N OF DEAT	н	Sc. COUN		
OH	3006 Crest Aven				Che	ver]	Ly, M	aryla	ınd	Pri	nce	George's
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COU			10c. CITY	, TOWN C	R LOCAT	ION					10d. INSIDE CITY
DIR	Maryland Pri	nce George	s	Che	ver1	У	LIMITS?					LIMITS?
IAL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
NER	3006 Crest Aven						2078			1	S.A.	
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	ARMED ∑NO		f yes, spe	city Cuban	Mexican,	ORIGIN? (Specify Yo Puerto Rican, etc.)	s or No-	14. RACE Black,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			YES	2 📉 NO	Specify:			Specify	White
ED	15. DECEDENT'S 8 (Specify only highest or		16a,	DECEDENT'S					16b. KIND OF BI	JSINESS/INDU	STRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of w ille. Do NOT us	e retired.)	Juning Inus	st or working					
OMP	12	6		Teache	r						Scho	ol System
0	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Maide	,		
BE	Clyde Mears  190. INFORMANT'S NAME (Type/Print)	<del></del>		TOP MARING	ACCRECA	(Dan - 1 -			insey McF			
5	Harold E. Belch	er							erly, Ma		,	785
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 R		20b. PLAC	E AND DATED	E DISPOS	ITION /No	me of		DATE 20c I	OCATION - C	the or You	en State
	1 N Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	lemoval from State	Nati	onal M	ner place) Iemon	ial	Park	12/	29/92 Fa	alls C	hurc	h, Virgi
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1,	0	22.	NAME AN	D ADDRES	S OF FACIL	ITY			
	H Const	Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD										
ICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b	OR AS A CONS	SEQUENCE OF	):				ent			4day
ERTIFI	that initiated events resulting in death) LAST	d		BEQUENCE OF								
0	PART II. Other significant condit	tions contributing to d	leath but no	t resulting li	n the un	derlying	cause gl	ven in Pa	rt f. 24a, WAS AI PERFO 1 YES	RMED?		WERE AUTOPSY FINDI MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
MEDICAL C									-			
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Check	only one)			
SICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO	HOSPITAL:	ER/Oulpatient	3 DOA	OTHER	t:			only one)  Other (Specify)			
MEDICAL C	EXAMINER? 1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH	HOSPITAL:	NJURY	3 DOA	4 Nun	t:	5 KRes	idence 8 (		INJURY OCCU	JRED	
HYSICIAN: MEDICAL C	EXAMINER?  1   YES 2   NO	HOSPITAL: 1   Inpetient 2     28e. DATE OF It (Month, Day)	NJURY ; Ybar)	28b. TIME INJU	4 Nun	t: sing Home 28c, INJU WOI 1   Y	JRY AT RK?	idence 8 (	Other (Specify)	INJURY OCCL	JRED	
D BY PHYSICIAN: MEDICAL C	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not determined	HOSPITAL: 1 Inpetient 2 Inpeti	NJURY ; Year)	28b. TIME INJU	4 Nun	t: sing Home 28c, INJU WOI 1   Y	JRY AT RK?	idence 8 (	Other (Specify)	end Number o		oute Number,
BY PHYSICIAN: MEDICAL C	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not determined 4 Homicide determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL: 1 Inpetient 2 Inpeti	NJURY (Year)  INJURY — At Ic. (Specify)  Ty knowledge,	28b. TIME INJU	4 Num OF JRY M	t: sing Home 28c. INJt WOI 1 Y ory, office	o 5 KRes	NO 2	Other (Specify)  Bd. DESCRIBE HOW  Bl. LOCATION (Street City or Town, State the cause(s) and me	end Number o	or Runal Ac	
D BY PHYSICIAN: MEDICAL C	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not determined  29e. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 Inpeti	NJURY (Year)  INJURY — At Ic. (Specify)  Ty knowledge,	28b. TIME INJU	4 Num OF JRY M	t: sing Home 28c. INJt WOI 1 Y ory, office	s 5 Res	NO 21 and due to d at the tim	Dither (Specify)  Bd. DESCRIBE HOW  Bl. LOCATION (Street City or Town, State the cause(s) and make, date and place, a	end Number of	d. cause(s)	and manner as state
Ë COMPLETED BY PHYSICIAN: MEDICAL C	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not determined  4 Homicide 6 Certifying PH (Check only one) 2 MEDICAL EXAM	HOSPITAL: 1   Inpetient 2   1 28e. DATE OF It (Month, Day) 1 28e. PLACE OF building, et  IVSICIAN: To the best of m  NINER: On the bests of exa	NJURY , Year)  INJURY — At it. (Specify)  by knowledge, ministion end/o	28b, Tilet INJU home, farm, si death occurre- or investigation	4 Nun OF JRY M Ireet, fact d at the ti	t: sing Home 28c. INJt WOI 1 Y ory, office	s 5 Res	NO 21	Dither (Specify)  Bd. DESCRIBE HOW  Bl. LOCATION (Street City or Town, State the cause(s) and make, date and place, a	end Number of	d. cause(s)	and menner as state  Month, Day, Year)
BÈ COMPLETED BY PHYSICIAN: MEDICAL C	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not determined 4 Homicide determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	HOSPITAL: 1   Inpetient 2   1 28e. DATE OF It (Month, Day) 1 28e. PLACE OF building, et  IVSICIAN: To the best of m  NINER: On the bests of exa	NJURY ( Year)  INJURY — At tc. (Specify)  by knowledge, ministion end/of  E OF OEATH (IT  ALT)	28b. Tillet INJU home, farm, si death occurre- or investigation TEM 27) (Type,	4 Nun OF SRY M Ireet, fact d at the ti i, in my o	t: sing Home 28c, INJt WOI 1 Y ory, office me, date pinion, de	s 5 Res	NO 2: NO END NO SEE NUMBER 628	Dither (Specify)  Bd. DESCRIBE HOW  Bl. LOCATION (Street City or Town, State the cause(s) and make, date and place, a	end Number of	d. cause(s)	and menner as state



3. TIME OF DEATH

Approximate interval Between **Onset and Death** 

0805 Pu

2. DATE OF DEATH

	4. SOCIAL SECURITY N		5. SEX		rs. lest birthday)	IF UNDER		IF UNDER 24	HRS. 7.1	DATE OF B	HETH	8.	BIRTHPLA	ACE (State or Foreign
	234-22-09	05	1 🗆 M 2 💢 F	83	YRS.	MONTHS	DAYS	HOURS	Ja	Month, Den	, 19	09 N	V. Vi	rginia
DIRECTOR	SOUTHER PRESIDENCE OF	RN n	Street and number)	SPIT	AL	9b. CITY,		NTO	OF DEATH			9c. COUNTY	OF DEAT	REDRGE
IREC	10a. STATE	10b. COUNT		,		Y, TOWN O				_			10	d. INSIDE CITY LIMITS?
	Maryland		ce George	e's	ro	rt Wa		ngton				_		YES 2 NO
RA	7731 Wil							ZIP CODE						T COUNTRY?
FUNERAL	11. MARITAL STATUS	is Lane	12. WAS DECEDEN	T EVER IN III	2 ADMED	12 1		20744 ENDENT OF F	UCDANIC O	mous m		U.S.		
B	1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 2	NO NO	H	yes, spe	cify Cuban, I	Mexican, Pu Specify:	ierto Rican	, etc.)	or No 14	Black, W	American Indian, Thite, etc.
COMPLETED	15. (Specify	DECEDENT'S ED	UCATION (e completed)	16	a. DECEDENT'S (Give kind of	work done d				16b. KINI	D OF BUS	INESS/INDUS		
Ë	Elementary/Seconde	ry (0-12)	College (1-4 or 5 +		Ille. Do NOT u	se retired.)		The second						
N N		. 40/10 4 0	5		Regist	ered	Nur					g — Но	spit	al
	17. FATHER'S NAME (First	100						18. MOTHER				Sumame)		
BE	Minnis 194. INFORMANT'S NAM		<u>e</u>		400 1444 144		10		gini					
2	J. Kelle				1							n, State, Zip Co		20776
	20a. METHOD OF DISPO			201 21				_	. Up			boro,		
1	1 Donation 5 0	ation 3 🗆 Rer	noval from State	cemeter	y, crematory or o	ther place)	C	me ot	12/	DATE	20c. LOC	CATION — CITY	or Town,	Virginia
	21. SIGNATURE OF FUN		ICENSEE / A	rie	rrobor.	ltan 22. N	OF EI	D ADDRESS	TZ/.	21/9k	Z Ale	exandr	1a,	Virginia
	· Stand		) V _ //	. ^		G	eorg	ge P.	Kala:	s Fur		1 Home		
	Here	ger	Jalas			6	160	Oxon	Hill	Rd.	0xor	Hill	, Md	.20745
	23. PART I. Enter the shock, at	diseases, or r heart failure.	Complications that List only one cau	t caused the	e death. Do	not enter i	the mo	de of dying	, such as	cardiac	or respin	ratory arrest	t,	Approximate interval Between
	IMMEDIATE CAUSE disease or condition				1506	00	nic	_ (	12/	7				Onset and Deat
	resulting in death)	-	a	(OD 40 4 00			1/6		01	10				
_		_	DOE TO	(OH AS A CC	MSEQUENCE O	1/1								
ō	Sequentielly list cor		b. DUE TO	(OR AS A-CO	NSEQUENCE O	P:								
CERTIFICATION	if any, leading to im cause. Enter UNDER	RLYING												
Ĕ	CAUSE (Disease or that initiated events		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
FRI	resulting in death) L	AST	d											
	PART II. Other signi	ficant conditio	ns contributing to	death but i	not requiting	in the unc	terivino	. course ohe	n in Deet		W00 000	a company		
MEDICAL	<u> </u>			Death Dut	not resulting	m the one	rerrymig	cense give	en in Part	1. 248.	PERFOR		AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE
		<del></del>								1 [	YES 2	NO.	OF	DEATH?
				<del></del>				-					1 [	TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRE	D TO MEDICAL					26 PI	ACE OF DEAT	'M Charles	ah amal				
SIC	EXAMINER?		HOSPITAL:	FB/Outnetic	m 3 🗆 004	OTHER	:	1.0						
Η	27. MANNER OF DEATH		28s. DATE OR	INJURY	28b. TIN	E OF	28c. INJI	5 🗆 Resid				JURY OCCUR	ED	
		Pending investigation	NI	4	IN.	JURY M	-	RK? 'ES 2 🗌 N	0					
) BY	2 Accident 3 Suicide 6	Could not be	28e. PLACE OF	F INJURY -	At home, farm,	street, facto	ry, office		281.			nd Number or	Rural Route	» Number,
TED	4 Homicide	determined	building,	etc. (Specify)						City or Tox	vn, State)			
PLE	29s. CERTIFIER (Check only	ERTIFYING PHYS	SICIAN: To the best of	my knowledg	e, death occurr	ed at the tir	ne, date	and place, an	d due to th	e Cause(s)	and man	ner as stated.		
COMPLET			ER: On the basis of sx											d manner sa stated.
		THE OF CERTIFIE						29c. LIDENS			T			onth, Difty, Year)
O BE COM	ax	mw)	)				- 1		194	131			17/	191
욘	30 NAME AND ADDRESS	PERSON W	HO COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	, Print)			111	1 11			1 -4	1
	trans	M. B	yau/	n.D.	617	BO	XA	NA	11/10	17	001	OM	146	11 MJ
	The state of the s	-		-	- 1		VV"			- U	-	VY	- 1/11	11

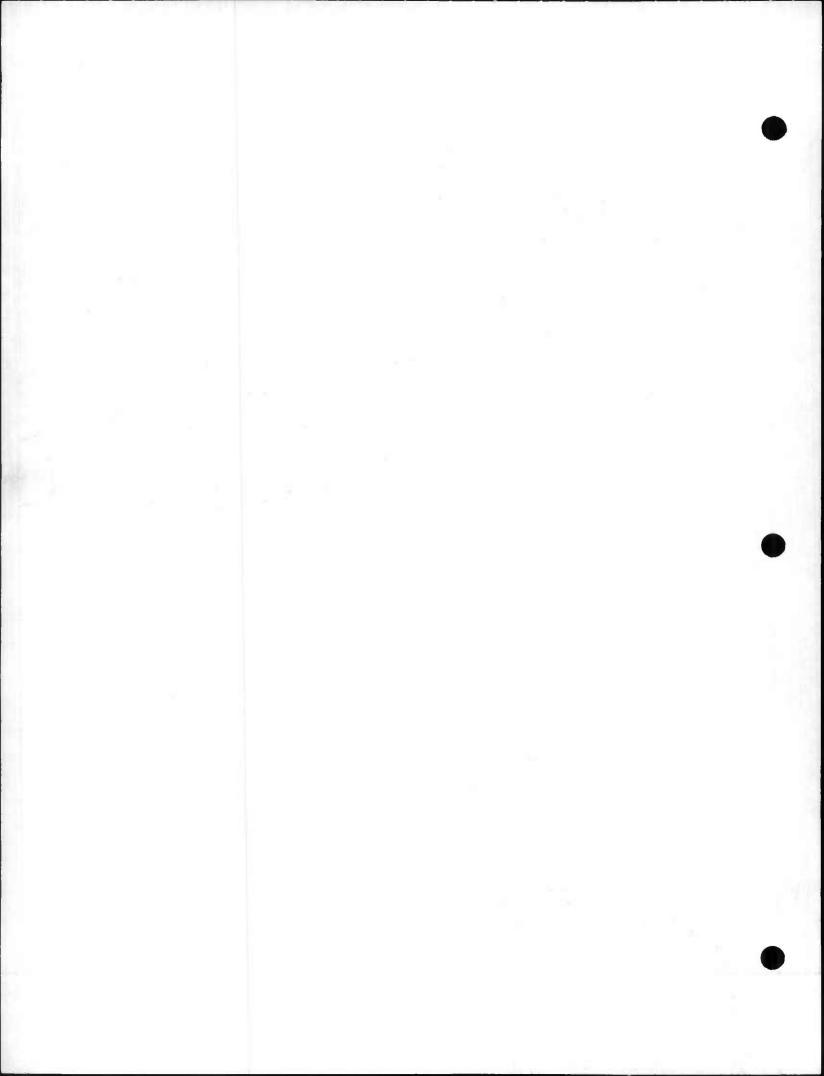
32. REGISTRAR'S SIGNATURE is Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

VERA

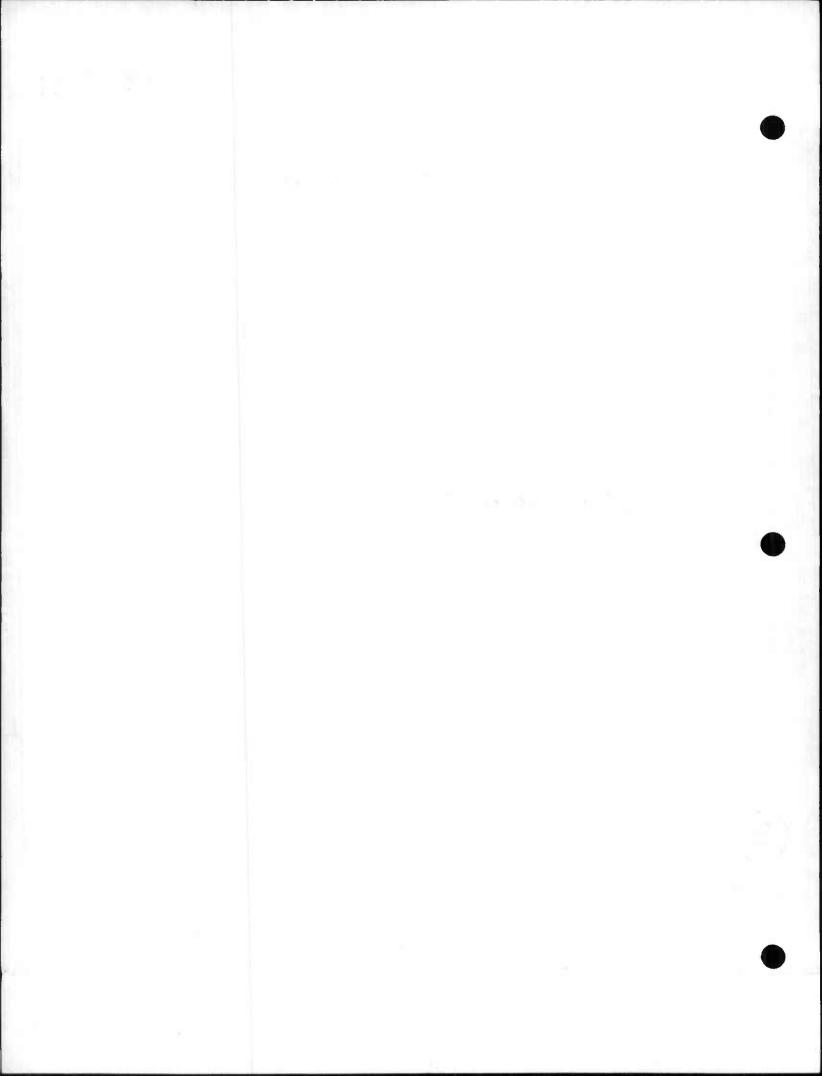


REG. NO

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3:48 AM M France miner 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIFTH B. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 X F 67 230-20-0389 Sept. 1925 6, Virginia use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Laurel-Beltsville Hospital Laurel Prince George's 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince George's Laurel 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13904 Briarwood Drive # 2221 20708 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 TES ZXXNO Specify: BY 3 Widowed 4 X Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr College (1-4 or 5+) Elementary/Secondary (0-12) director, page 5 should be detached for Homemaker 12 Own Home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Sumame) John Goode Helen Powell notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 South Carroll St., Glenn L. Bainer Laurel Maryland pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Wash Univ Med School 12-21 Washington, D.C. examiner 22. NAME AND ADDRESS OF FACILITY funeral Columbia Mortuary Services, Inc. filled in by the fi 225 Missouri Ave, NW Washington, D.C. 20011 medical esses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final completely filled rial, cremation, o set and Death or other traumatic event, the disease or condition resulting in death) executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEC attending physician and con ntal Hygiene prior to burial. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO JOB AS A CONSEQUENCE OF signed by the atter Health and Mental PART II. Other significant conditions contributing to death but new recuir MEDICAL 24b. WERE AUTOPSY FINDINGS AMJLABLE PRIOR TO COMPLETION OF CAUSE underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? shows any TES 2 XNO OF DEATH? 1 YES 2 NO t. of H has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 26. PLACE OF DEATH (Check only one) After this certificate death with the State HOSPITAL:
1 XX perilent 2 - EP/Outpetient 3 - DOA OTHER: 1 TES XXNO 4 🗌 Nursh e 5 🗆 Residence 8 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural XX 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 60 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be TO THE FUNDAMENT DIRECTOR OF THE COMMENT OF THE COM all in 4 Homicide CERTIFYING PHYSICIAN: To the best of my know wledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER On the be 29b. SIGNATURE AND TITLE OF CERT 29c. LICENSE NUMBER THE SE BE D 34765 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Abdullah Riar 329 Prince George St., Laurel, Maryland 32. REGISTRAR'S SIGNATURE DEC 2 8 1992 Luka Savidson Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



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1992

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. F	TO THE FLIMERAL DIRECTOR NATIONALITY CONTINUES TO BE DEED SIGNED BY THE STEEDING PAYSICION and COMPLETED FILED		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin	
s after	by the	within within 72, hours a me man with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dicai	
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92 38122 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR BRODERTCK ROSA VICIENTE 28 2:20 DEC 1992 PM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS 79 YRS. DAYS 1 M 2 X F 578-34-6389 Nicaragua JAN 1913 14 Se. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH sc. county of DEATH Prince George's Malcolm Grow Hospital AAFB Camp Springs DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY N/A N/A Washington, D.C. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 252 33rd Street N.E. 20019 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY nentary/Secondary (0-12) College (1-4 or 5+) 8th N/A Machinist Stone Industries 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Tobia Flores Elena Reyes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 20748 5 James P. Broderick 7113 Old Branch Avenue Camp Springs, Maryland 20a METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 1-4-92 DATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Arlington National Cemetery Arlington, Virginia 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SEPTICE LICEN 6633 Old Alexander Ferry Rd Clinton, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF) DILATED CONGESTIVE HEART FAILURE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING ATRIAL FIBRILLATION CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST DIABETES MELLITUS PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO ATHEROSCLEROTIC VASCULAR DISEASE COMPLETION OF CAUSE 1 TES 2 7 NO 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Minpatient 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 NO me 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town: State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

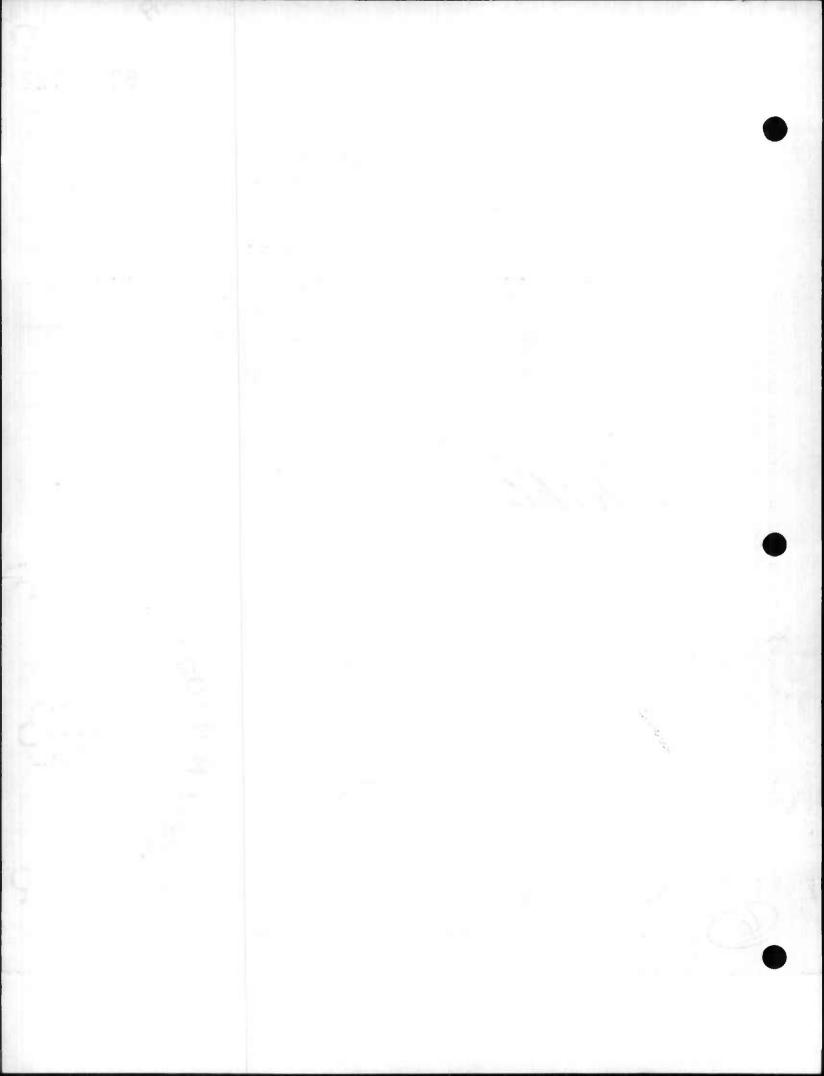
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1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER JEFFREY A ALLOWAY, MAJ, USA LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 38 Alloway WHO COM RHEUMATOLOGIST DEC 28 1992 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Alloway, Maj, USAF, MGMC, AAFB, Md. 20331

32. REGISTRAR'S SIGNATURE

stran's signature Pandale



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	TO THE HOST MECHANISM PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be in	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after earth with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If last 28 is marked or list 23 shows any Injury or other traumatic event, the medical examines must be n
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	FOR STATE REGISTRAR		STATE OF I		D / DEPAR					MENTAI	. HYGIEN	E	2 3	8123
	1. DECEDENT'S NAME (First					B	COT			2. DATE MONTH	OF DEATH	W	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 226-30-2876	BER	5. SEX 1	8. AGE (In yrs	: lest birthday) YRS.	IF UNDER 1	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	1912	8. BIRTHP	LACE (State or Foreign
TOR	90. FACILITY NAME (# not in PENINSULA F	REGIONA	·	L CENT	TER		TOWN OF		ON OF DE	ATH			COMI	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	mack		10c. CIT	Chine						10d. INSIDE CIT LIMITS?		
	100. STREET AND NUMBER	y Stre				Cocin	10f.	ZIP CODE	E			10g. CITI	S. #	1 N YES 2 □ NO HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	YES 2	ARMED	14	WAS DECE	NDENT C	OF HISPAN	n, Puerto F	? (Specify Yes lican, etc.)		14. RACE	- American Indian, White White
ETED		EDENT'S EDU y highest grade			Give kind of	S USUAL OC work done di se retired.)	CUPATION luring most	N I of workin	ng	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
COMPLET	9 17. FATHER'S NAME (First, N				Homen	raker		18 MOTT	HED'S NA	ME (Elm)	Sel Middle, Melden	1		
BE C	Albert L	evis							Cath	erin	e Den	ny.		
2	Roland Boo				6029		ey S		-		or, City or Tow Oteagu	6.4	irgin	ia 23336
	20a METHOD OF DISPOSITIVE Burtal 2 Crematic	on 3 🗆 Rem	oval from State	competery	CE AND DATE	other place)		ne of		DATI		CATION -	City or Tow	n, Stata
ave and a second	21. SIGNATURE OF FUNERA	2000	daly	262	Za	3	Lyer Linco	r ru stea	que.	Vir	me rinia	2333	5	garag
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart feilure.	a.	Mark	une.	C	the mod	o of dy	MA	l un	for respi	ratory ari	rest,	Approximate Interval Between Onset and Death
ATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	b	(OR AS A CON										
CERTIFICATION	CAUSE (Disease or Injuthat initiated events resulting in death) LAS	iry	d.	(OR AS A COM	ISEQUENCE O	PF):								
MEDICAL	PART II, Other signification	trato	attice v			In the und	derlying	cause (	given in	Part I.	24e. WAS AN PERFOR 1 YES 2	-	-	WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 - ND	0 MEDICAL	HOSPITAL:	ER/Outpatien	R 3 🗆 DOA	OTHER	1:	- 10		6 C Other				
BY PH		Pending Investigation	28a. DATE OF	HUURY Day, Year)	28b. TIN	ME OF JURY M	28c. INJU WOR 1 YI	RY AT	ND ND	28d. DES	CRIBE HOW I	NJURY OC	CURED	
0	2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE ( building	OF INJURY — A etc. (Specify)	t home, farm,	street, facto	ory, office				ATION (Street I or Town, State)		or Rural Ro	ute Number,
COMPLET	one) 2 MED	ICAL EXAMINE	//											and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	s han b	M				1)	30	1693	3	29d, DAT	E SIGNED	Morgin, Day, Year)
10	30. NAME AND ADDRESS O	D D	D COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	e, Print)	Azi	SBU	enj	Inc	L.			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print)  SO JUVUS I DE DE DE STEMP STORM JOSE													

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BALTIMORE, MARYLAND	ath. Page 6 may be retained by the host	ineral director, page 5 should be detached		aminer must be notified at once.
BALTIN	TO THE WARNING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE WERE MEDICAL After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within schools are death with the state Lept. Of heath and Mental Hygere prof to burial, cremation, or removal.	IMPUNIANT INTERESTS IS MARKED, OF REM 23 SHOWS BIY INJUTY, OF OTHER USUMBALIC EVENT, THE INSERIES EXAMINES MUST DE NOTINES AS ONCE.
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	1 - STATE OF MARY! REGISTRAR		NT OF HEALTH AND I TE OF DEATH	MENTAL HYGIENE REG. NO.	92 38124
	1. DECEDENT'S NAME (First, Middle, Last)  Ruth Dovell Benso	n		2. DATE OF DEATH DAY 12/02/92	YEAR 3. TIME OF DEATH
	212-05-1245 1□M2 <b>X</b> F	79 YRS. MONT		7. DATE OF BIRTN (Month, Day, Year) 0 1 / 28 / 13	B. BIRTNPLACE (State or Foreign Country) Maryland
TOR	9a. FACILITY NAME (If not institution, give street and number)  806A College Lane Apts  RESIDENCE OF DECEDENT		Salisbury	ATN 9c.	Wicomico
DIRECTOR	Maryland Wicomico	Salis	on or location		10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	806A College Lane Apts		10f. ZIP CODE 2 180 1	104	USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	2 3 NO	13. WAS OECENDENT OF NISPAN If yes, specify Cuban, Maxical 1 YES 2 NO Specify	n, Puarto Rican, etc.)	14. RACE — American Indian, Slack, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  1 1  1 1		ne during most of working d.)	16ь. кіно оғ визінея	SS/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Lust) Harry L. Dovell		Elva	ME (First, Middle, Meiden Surne (unk) Jones	ame)
TO	190. INFORMANT'S NAME (Type/Print) Phillip Benson		ess (Street and Number or Flural F llege Lane Apt		
	1 Burial 2 Cremation 3 Removal from State ce	b. PLACE AND DATE OF DIS metery, cremetory or other ple alisbury Cr	ematory	12/3 Salis	on - City or Town, Stata Sbury, Md.
	M. Hollows	4	Holloway Fune 501 snow Hill	ral Home	ury, Md. 21801
	23. PART I. Enter the diseasea, or complications that cause ahock, or heart feilure. List only one ceuse on IMMEDIATE CAUSE (Final disease or condition resulting in death)	pach line.	ter the mode of dying, auch		ry arrest, Approximate Interval Batween Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF):		·	
S S	PART II. Other algorificant conditions contributing to death  (erebro Vanula / Acc	but not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED 1 U YES 2	? AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 HOSPITAL:	ОТН	26. PLACE OF DEATN (Che	ck only one)	
BY PHYSI	1 VES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATN 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Veer)		28c, INJURY AT WORK?  1 YES 2 NO	■ Other (Specify) 28d. DESCRIBE NOW INJUR	Y OCCURED
	- Decident	Y — At home, farm, street, cify)	lactory, office	281. LOCATION (Street and Ni City or Town, State)	umber or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basic of examination				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  PRAKASH DALAL  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OIL	3 MD	29c. LICENSE NUM D42522	BER 29d	DATE SIGNED (Month, Day, Year)
	PRAKASH R. DALAL, M.D. 614 D	. EASTERN S	HORE DRIVE	SALISBURY,	MD. 21801
0	DEC 0 4 1992 guna Davidson	Mandall			~

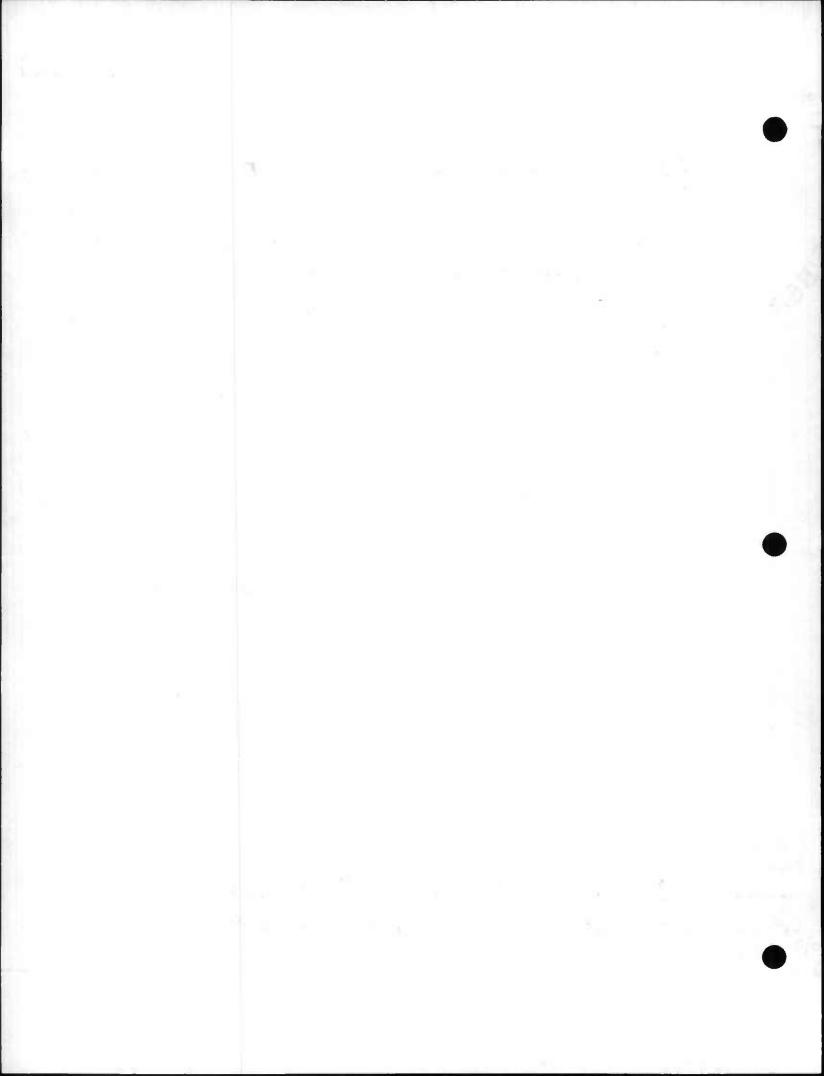
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR DOROTHY MAE BAILEY December 24. 1992 9:58 рм 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 124-16-5896 SOUTH CAROLINA 1 M 2 F 65 YRS. 33 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Doctors Community Hospital Prince George's Lanham 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N.Y. Locksu TAR 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A 6 vendell Avenue detached for use as the burial-transit 11691 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify, Cuben, Mexican, Puerto Rican, etc.)

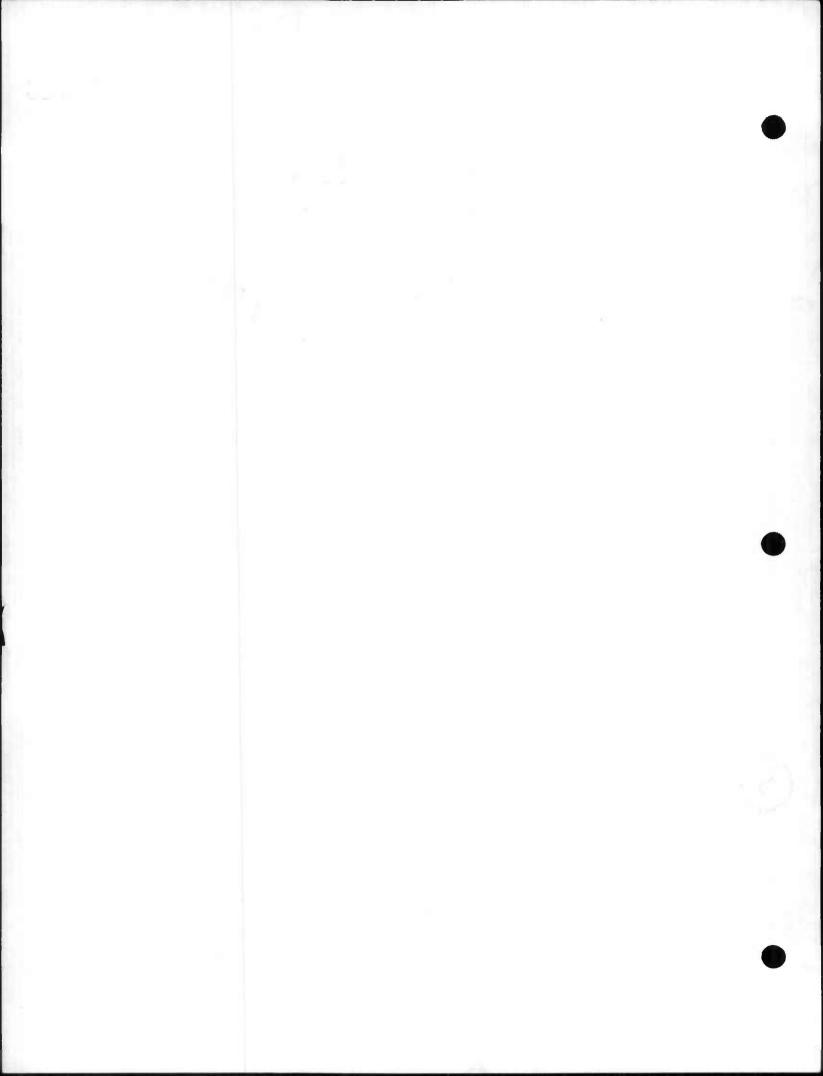
1 YES 2 NO Specify: 1 Never Married 2 Ma IF YES, GIVE WAR OR DATES BY Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) (Specify only highe ige (1-4 or 5+) Elementary/Secondary (0-12) ESTATE BROKER REAL ESTATE 17. FATHER'S NAME (First, Middle MOSES 76 the funeral director, page 5 should be BE notified CORMANT'S NAME (Type/Print) 2 DWENS 2 METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION (No 20c. LOCATION must 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE amenose medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. filled in by Approximate Interval Betwe 6 IMMEDIATE CAUSE (Final Onset and Death attending physician and completely fille intal Hygiene prior to burial, cremation, traumatic event, the disease or condition a. Canchae Annhy Th mia resulting in death) RIGHOULLENDTH CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Mental Injury, has been signed by the Dept. of Health and Me PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 - YES 2 1 NO OF DEATH? 23 shows 1 YES 2 NO 6 PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 X YES 2 NO 26. PLACE OF DEATH (Check only one) certificate HOSPITAL:
1 | Inpatient 2 | RER/Outpatient 3 | DOA OTHER: e 5 - Residence 6 - Other (Specify) 4 - Nursing H 6 ä 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED ij 2 1 Natural 5 Pending investigation 1 YES 2 NO death BY 2 Accident DIRECTOR, After 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 00 3 Suicide COMPLETED 6 Could not be hours after 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowle THE HORTAL DE MAN TEN IN PORTANT: IF IN 2 X MEDICAL EXAMINER: On the basis of ex Depoty medical 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, BE 12-25-92 breh D0135 amine BOUNDARY 2 4203 Queensbury Rd Hyattorille MD 20181 31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE Pandell



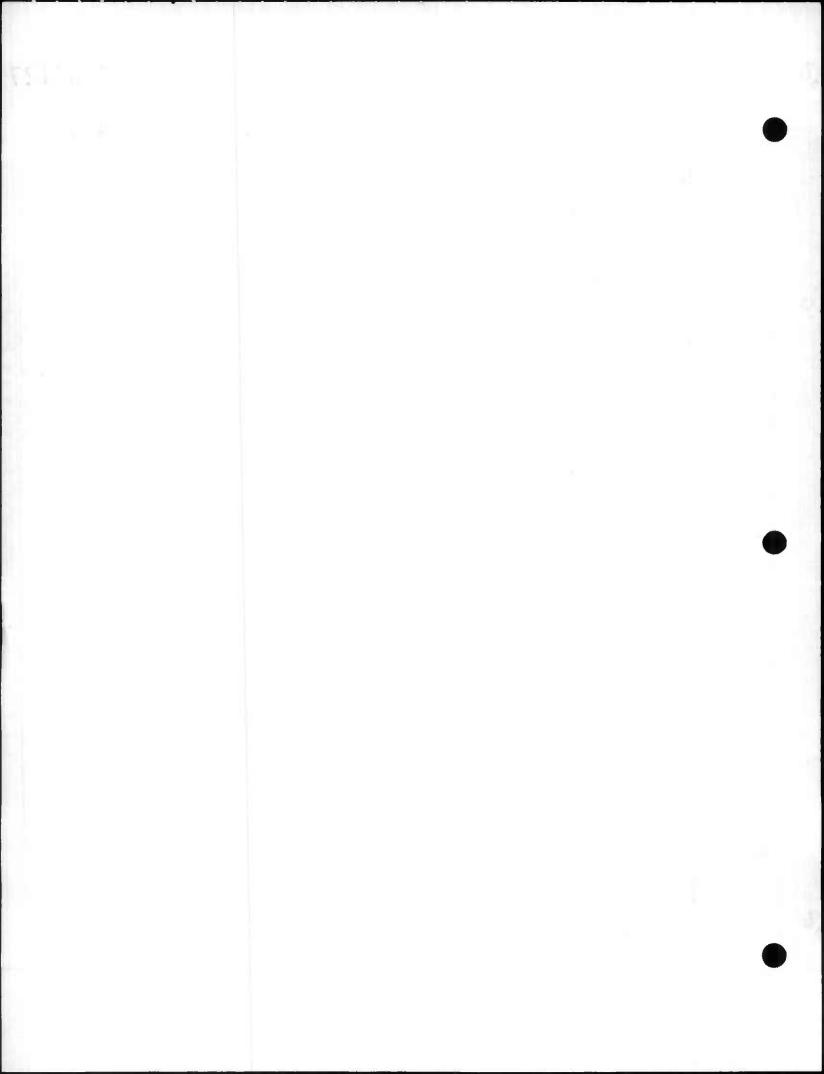
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охаті	MPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examin	the	event,	matic	tra	other	10	injury	any	hows	23 8	ше	10	arked.	E	28	Ę	=	e	百	20	Ē	
j.	or remova	tion,	i, crema	to buria	prior	rgiene	a H	d Ment	th an	of Heal	ept.	tate D	2	THE ST	dep	ĕ	ST.	H	F	¥	ı	8	
e funera	TO THE FUNERAL DIRECTURE WE THE CONTINUE HAS been signed by the attending physician and completely filled in by the funera	y fille	mpletel	n and co	sicla	ing ph	tend	y the at	ed b	en sign	is be	ate ha	ē	Jan J	j	臣	IREC	U. D	9	2	Ħ	P	
death.	hours after	24	d within	execute	te be	ertifica	ath	the de	that	equires	WE	The	*	S.	ã,	E	A H	1	E	皇	居	R	K
ALT	UNE OF THE RECORDS, P.O. BOX 68760, BALT		,09	X 68	Š	0	J.	DS,	S	É C	-	A	>	4	ŏ	77	2	3,			į	/	1

	1 - FOR STATE OF MAR REGISTRAR	YLAND / DEPARTMENT OF HE		AL HYGIENE REG. NO.	32 38126	
1	1. DECEDENT'S NAME (First, Middle, Last) JOHN FF JOHN BRANZELL	RANCIS BRANZELL	2. DAT MON 1.2	E OF DEATH DAY 2 31 92	3. TIME OF DEATH 2 8:45PM M	
	098-22-6470 1√2 № 2 🗆 ғ	74 YRS.	HOURS MIN. (Mor	nth, Day, Year)	BIRTHPLACE (State or Foreign Country) Washington, D.(	
TOR	98. FACILITY NAME (If not institution, give street and number)  PRINCE GEORGES HOSPITAL  RESIDENCE OF DECEDENT		RLY		Y OF DEATH INCE GEORGES	
DIRECTOR	Md. Prince George's		am	1	10d. INSIDE CITY LIMITS? 1  YES 2  NO	
BY FUNERAL	9306 Rolling View Drive  11. MARITAL STATUS  12. WAS DECEDENT EVE	0	ZIP CODE  20706  NDENT OF HISPANIC ORIG	U.	S . A .	
	1 Never Married 2 Married FORCES? 1 V IF YES, GIVE WAR O	YES 2 NO II yes, spec	ify Cuben, Mexican, Puerte	o Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)	of working	66. KIND OF BUSINESS/INDU	STRY	
OME	17. FATHER'S NAME (First, Middle, Lest)	P.G. County Poli	Ceman  18. MOTHER'S NAME (First	County, Middle, Malden Sumame)	_Md	
TO BE COM	Walter Branzell  190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and	Rose Bra		iode)	
T	1X Buriel 2 Cremation 3 Removal from State	9306 Rolling  20b. PLACE AND DATE OF DISPOSITION (Name cametery, crematory or other place)	ne of DA	TE 20c. LOCATION - CH	ly or Town, State	
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Gate of Heaven  22. NAME AND Gasch'	ADDRESS OF FACILITY	5/98 Silver	Spring, Md.	
TION	Sequestially list conditions b.	used the death. Do not enter the mod	e of dying, such as ca	rdiac or respiratory arres		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):				
MEDICAL	PART II. Other significant conditions contributing to deat	th but not resulting in the underlying	cause given in Part i.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLA	CE DF DEATH (Check only	one)		
HYSI	1 YES 2 NO 1 Inpatient 2 ER/	Outpatient 3 DOA 4 Nursing Home	5 Residence 8 Ott	her (Specify) ESCRIBE HOW INJURY OCCU	RED	
ВУ Р	Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO					
8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only one)  2  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  S  S  S  S  S  S  S  S  S  S  S  S  S		29c. LICENSE NUMBER D 17874	29d. DATE	SIGNED (Morith, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF SANKARAN M. NAYAR, MD	, 3717 - 38" AVI	, BREW	TWOOD, M	D 20722	
	JAN 0 5 1993 Gold Savidson-Randell					



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MASION OF VITAL RECORDS,	1
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_	1 - STATE REGISTRAR	STATE UF MARYL			F DEATH	MENTAL HYGIEN REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last) BERTRAND	ADOLFO	BLEY	_		2. DATE OF DEATH MONTH DA	AY 100	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	F UNDER 1 YE	IF UNDER 24 HRS.	DEC. 27		BIRTHPLACE (State or Foreign		
	570-26-3949	1 X M 2 □ F 89	YRS.	MONTHS DAY	'S HOURS MIN.	July 26, 1		country) California		
-	Do. FACILITY NAME (If not institution, give at	•		9b. CITY, TOY	N OR LOCATION OF D		9c. COUNTY			
DIRECTOR	11412 Woodingtor	Terrace		Poto	mac		Mont	gomery		
REC	10s. STATE 10b. COUNTY		10c. Cf	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
	Maryland Mor	ntgomery		Potomac				1 YES 2 X NO		
HA	11412 Woodingtor	Terrace			101. ZIP CODE 20854			of WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I			DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		ed States  RACE - American Indian,		
BYF	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 NO ATES		, specify Cuban, Mexic YES 2 NO Speci			Black, White, etc. Specify:		
ED	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDUS	White		
ETI	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		work done during	most of working					
COMPLET		5+	Attorn	ey		Law				
	17. FATHER'S NAME (First, Middle, Lest)	Bley				AME (First, Middle, Melden				
BE (	SIMON  19a. INFORMANT'S NAME (Type/Print)	Diey	19b, MAILIN	G ADDRESS (Str	Lillia  et and Number or Rural	Route Number, City or Tow	-	en en		
5	Victoria B. Rot	h		as #10				,		
	20a. METHOD OF DISPOSITION 1 Durini 2 Cremation 3 Remo		PLACE AND DATE		I (Nama of			or Town, State		
	4 Donation 6 Other (Specify)	12-28 Sil	lver Sp	oring, MD						
	• / //	20.1		Rap		Services,				
1	23 PART / Enter the diseases, or o		M00827	933	Gist Ave	Silver Sp	oring,	MD 20910		
	shock, or heart failure. I	List only one cause on e	ach line.		mode of dying, so	in as calculated of respi	natory arrest	interval Betwee		
	disease or condition resulting in death)	Cano	عون منا	cular	- D13	30.30				
	DUE TO (OR AS A CONSEQUENCE OF):									
NO.										
CAT	H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	F):						
		l								
MEDICAL	PART II. Other significant conditions	s contributing to death b	ut not resulting	in the underl	ying cause given in		PERFORMED? AN			
EDI						1 YES 2	: Ж но	OF DEATH?		
						_		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	neck only one)		L		
YSI	1 X YES 2 - NO	1   Inpetient 2   ER/Outp			lome 5 XResidence	6 Cher (Specify)				
	27. MANNER OF DEATH  1 X Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TH	JURY	INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCUR	ED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	- At home, ferm,			28f. LOCATION (Street	and Number or	Rural Route Number,		
Ë	4 Homicide determined	building, atc. (Spec	City or Town, State)		200					
COMPLETE		CIAN: To the best of my know R: On the bests of exemination						euse(s) and manner as stated,		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Month, Day, Year)		
TO BE		" reele	0		D08:			27, 1992		
F	30. NAME AND ADDRESS OF PERSON WHO				-					
	John F. Tauber, 31. DATE FILED (Month, Day, Year)			isconsi	n Ave #41	4, Bethesd	a, MD	20814		
- 4	SI. SHIE FILED (MONIN, Day, 1881)	32. REGISTRAR'S SIGN	ATURE							



B. BIRTHPLACE (State or Foreign Country)

Maryland

3. TIME OF DEATH 5:00 P. W

2 DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

1943

Sept 28

Dei

CLAUDIA

4. SOCIAL SECURITY NUMBER

216-40-9831

1. DECFDENT'S NAME (First, Middle, Last)

LYNN

1 M 2 F

IF UNDER 1 YEAR

DAYS

IF INDER 24 HRS

HOURS

BURROUGHS

49

6. AGE (In yrs. last birthday)

YRS.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH À 54. Maryland DIRECTOR RESIDENCE OF DECEDENT 10a. STATE TOP COUNTY 10d. INSIDE CITY Maryland St. Mary's Clements 1 YES 2 X NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 166 20624 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. In the funeral director, page 5 should be detached for use as the burlal-fran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto R BY IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: 3 Wildowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Tractor Implement Bookkeeper once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Lee Merson To Claudia Abell BE completely filled in by the funeral director, page 5 should rial, cremation, or removal. notified : 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) George D. Burroughs, Jr. P.O. Box 166, Clements, Maryland 20624 2 20s. METHOD OF DISPOSITION

15 Burlal 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must St. Joseph Cemetery 12/22/92 Morganza, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. lara uchae P.O. Box 270, Leonardtown, Maryland 23. PART /. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in death) elsovascular tecchen requires that the death certificate be executed within event, DUE TO (OR AS A CONSEQUENCE OF): and com traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other 1 DUE TO (OR AS A CONSEQUENCE OF). resulting in death) LAST 10 the atten Injury, PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? amy 1 TYES 2 NO shows 1 TES 2 NO has been of h Dept. of h HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) ltem. certificate h the State d, or Nem HØSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural
2 Accident 5 Pending TO THE POSPITE OR ATTENDING PH TO THE FUNERAL DIRECTOR: After thi be filed within 72 hours after death wi IMPORTANT: If Item 28 is marki BY 1 YES 2 NO vestigation 28e. PLACE OF INJURY — Al home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. COMPL MEDICAL EXAMINER: On the beele of exemination end/or investigation, in my opinion, death occurred at the lime, date end place, end due to the cause(a) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE U wast 42 85 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) William D. Boyd, II, M.D. Leonardtown, Maryland 20650 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Randall Lulia Davidson

DHMH-16 Rev 1/89

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Interval Between

Onset and Death

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BALTIMORE, MARYLAND 21215-0020	nouted within 24 hours after death. Page 6 may be retained by the hospital or attending physici
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ALT	death.
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.C.	certificate
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מי עו	MYSICIAN: The law requires that the death certificate be executed
DIRECTORDS, P.O. DOA 86/	Operation
5	DSPITAL OF

30. NAME AND ADDRESS OF PERSON WHO COMPLE

FOR SURIAND

31. DATE FILED (MONTH), DBy, Yold)

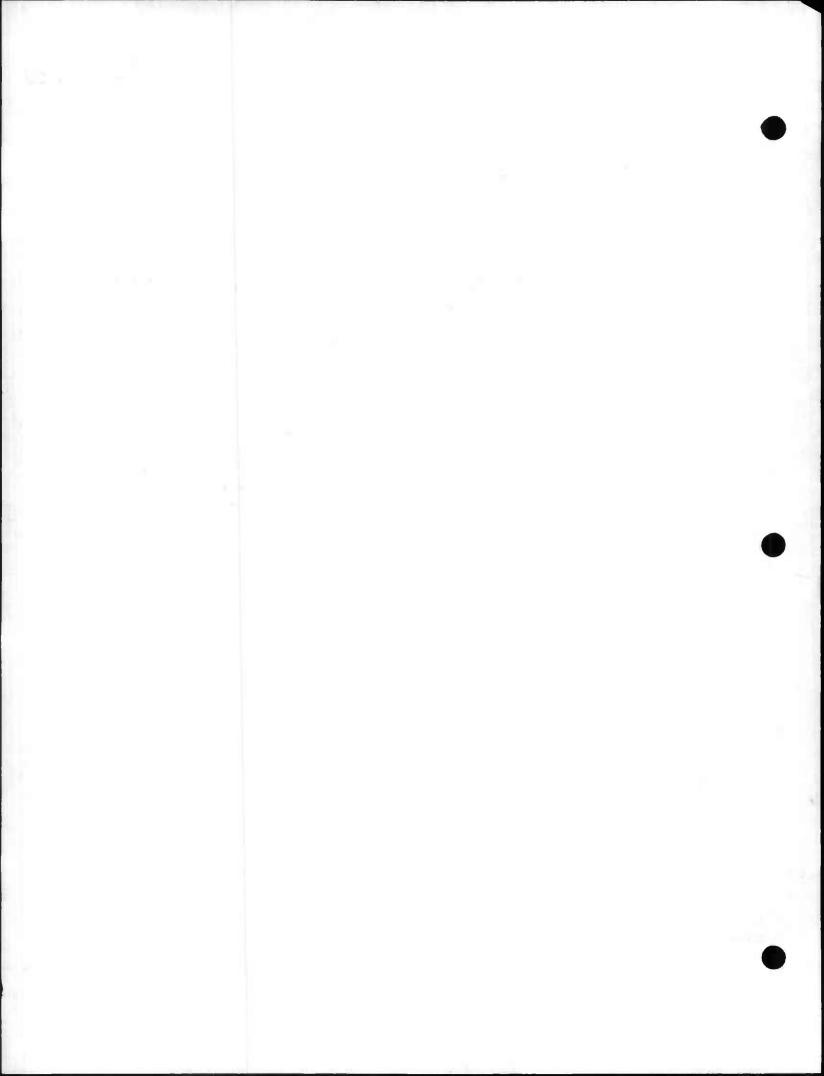
JAN 0 4 1993

	1. DECEDENT'S NAME (First, Middle, Las	st)		4			2. DAT	E OF DEATH	AY	VEAD	3. TIME OF DEAT
	JAMES		BUTLER				MON	2 3		92	6 22P
	4. SOCIAL SECUTIVE NUMBER		6. AGE (In yrs. last birt	thday) IF UND	ER 1 YEAR	IF UNDER 24 HI	RS. 7. DAT	E OF BIRTH		8. BIRTH Count	PLACE (State or Fo
	215-68-7885	1 XM 2 - F	34	YRS MONTHE	DAYS	HOURS MI	12-	9-1958		Was	hington,
-	Sa. FACILITY NAME (If not institution, give	ve street and number)		9b. CF	TY, TOWN	OR LOCATION O	F DEATH		9c. COU	NTY OF D	
DIRECTOR	PRINCE GEORGET	S HOSPITAL	CENTER	CH	EVER	LY			PR1	INCE	GE@RGE t
EC	10a. STATE 10b. COU			Ic. CITY, TOWN	OR LOCAT	TION					10d. INSIDE CITY
F	Maryland Prin	nce Georges		Bladen	chim	4					LIMITS?
AL	10s. STREET AND NUMBER	100 100 100				I. ZIP CODE			10g. CIT	IZEN OF Y	WHAT COUNTRY?
ER	3712 Bladensbur	cq Rd. #9			2	20784			17.	S.A.	
FUNERAL	11. MARITAL STATUS		EVER IN U.S. ARMED	) 15	. WAS DEC	ENDENT OF HIS	SPANIC ORIG	IN7 (Specify Yes		14. RACI	E — American India
BY	1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	AR OR DATES			ecify Cuben, Mi 2 X NO S		Rican, etc.)		Spec	k, White, etc.
	15. DECEDENT'S E		to 5-17-7								Black
COMPLETED	(Specify only highest gra	rade completed)	(Give ki	ENT'S USUAL ind of work don NOT use retired.	e durina ma		16	b. KIND OF BU	SINESS/INC	DUSTRY	
P	Elementary/Secondary (0-12)	College (1-4 or 5+)  1 year	)	Clerk	.7			Govern	mont		
OM	17. FATHER'S NAME (First, Middle, Lest)	1 year		Jac (42.1.)		16. MOTNER'S	NAME (First,	Middle, Malden			
w	Richard Butler					Evely			Garrier,		
0	19a. INFORMANT'S NAME (Type/Print)		196. M	AILING ADDRE	SS (Street a	and Number or R			rn, State, Zip	p Code)	
2	Evelyn Butler 6406 Southland Dr. Landover, MD 20785										
	20s. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of camelory, cremetory or other place)  20c. LOCATION — City or Town, State										
	4 Densition 5 Other (Specify) Resurrection Cemetery 1/4/93 Clinton, MD										
- 0	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY D. Tomber										
	Jamber	W C. 15	WINCH	0				~ ~ ~	-		
					7474	Landov	er Rd.	Land	lover	. MD	20785
	23. PART I. Enter the diseases, of	or complications that	caused the death.	- '	/4/4	Landov	er Ra.	. Lanc	lover	, MD	20785
	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final	or complications that re. List only one caus	e on each line.	. Do not ente	74/4 or the mo	Landovo	er Rd.	Lanc	lover	, MD	20785 Approximatinterval Be Onset and
	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	or complications that re. List only one caus	e on each line.	. Do not ente	74/4 or the mo	Landovo	er Rd.	Lanc	lover	, MD	Approximatinterval Be Onset and
	shock, or heart failur iMMEDIATE CAUSE (Final	a. Acqui	e on each line.	Do not ente	74/4 or the mo	Landov	er Rd.	Lanc	lover	, MD	20785 Approximatinterval Be Onset and
NO	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	a. UCQUE  BUE TO (	OR AS A CONSEQUE	. Do not enter  YMUN  NGE OF):	74/4 or the mo	Landovo	er Rd.	Lanc	lover	, MD	Approximatinterval Be Onset and
ATION	shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. UCQUE  BUE TO (	e on each line.	. Do not enter  YMUN  NGE OF):	74/4 or the mo	Landovo	er Rd.	Lanc	lover	, MD	Approximatinterval Be Onset and
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RTIFICATION	shock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (C	OR AS A CONSEQUEN	. Do not enter  MMUN  NCE OF):	74/4 or the mo	Landovo	er Rd.	Lanc	lover	, MD	Approximatinterval Be Onset and
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. 1	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (C	OR AS A CONSEQUEN	. Do not enter  MMUN  NCE OF):  NCE OF):	74/4 er the mo	Landovide of dying,	er Rd.	Lanc	IOVEY and INTERPRETATION OF THE PROPERTY OF TH	rest,	Approximinterval Be Onset and C. Z. V.
. 1	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (C	OR AS A CONSEQUEN	. Do not enter  MMUN  NCE OF):  NCE OF):	74/4 er the mo	Landovide of dying,	er Rd.	Land	AUTOPSY	rest,	Approximinterval B Onset and
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MEDICAL	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditi	a. DUE TO (C. DUE TO (C. d	OR AS A CONSEQUENT OR AS A CONSE	Do not enter  MMUN  NCE OF):  NCE OF):  NCE OF):	underlying	Landovide of dying,  EF/EI  g cause given	er Rd. such as ca	Lancerdiac or respirate or resp	AUTOPSY	rest,	Approximinterval Banding of the Autopsy Film Markable Priora Completion of Coop Death?
MEDICAL	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	a. DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C)	OR AS A CONSEQUENT OR AS A CONSE	DOA OTHE	underlying  26. Pt  28. Pt  ER:  ursing Hom	Landovide of dying,  EF/EU  g cause giver	er Rd. such as ca	24a. WAS AN PERFOR	AUTOPSY RMED?	MD rest,	Approximinterval Banding of the Autopsy Film Markable Priora Completion of Coop Death?
PHYSICIAN: MEDICAL	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. DUE TO (C  DUE TO (C)	OR AS A CONSEQUEN  OR AS A CONSEQUEN  OR AS A CONSEQUEN  death but not resul	Do not enter  MMUN  NCE OF):  NCE OF):  NCE OF):	anderlying  26. Pt  28. Pt  28. INJ	g cause giver	er Rd. such as ca  ENUT	Lancerdiac or respirate or resp	AUTOPSY RMED?	MD rest,	Approximinterval Banding of the Autopsy Film Markable Priora Completion of Coop Death?
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PHYSICIAN: MEDICAL	shock, or heart failur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural   5   Pending 2   Accident 3   Sulcide   6   Could not to 4   Homicide  29e. CERTIFIER Check only 1   CERTIFYING PH	a. DUE TO (C  DUE TO (	OR AS A CONSEQUEN  OR AS A CONSEQUEN  OR AS A CONSEQUEN  OR AS A CONSEQUEN  DR AS A CONSEQUEN  CONSEQUEN  OR AS A CONSEQUENCY  OR AS A CONSEQUENC	DOA OTHER DOA A DO NUMBER OF STATE OF S	underlying  26. Pt  28c. INJ  WO  1   1   victory, siftic	g cause giver	er Rd. such as ca  ENE  (Check only of the Color of the C	24a. WAS AN PERFOR 1 U YES 2  CATION (Street of Yor Town, State)	AUTOPSY RMED?	PCORED 24b	Approximinterval Ballone Interval

MPLETEO GAUSE OF DEATH (ITEM 27) (Typo, Print) 119

12. REGISTRAR'S SIGNATURE

FRANCE DAY OSON—Randall

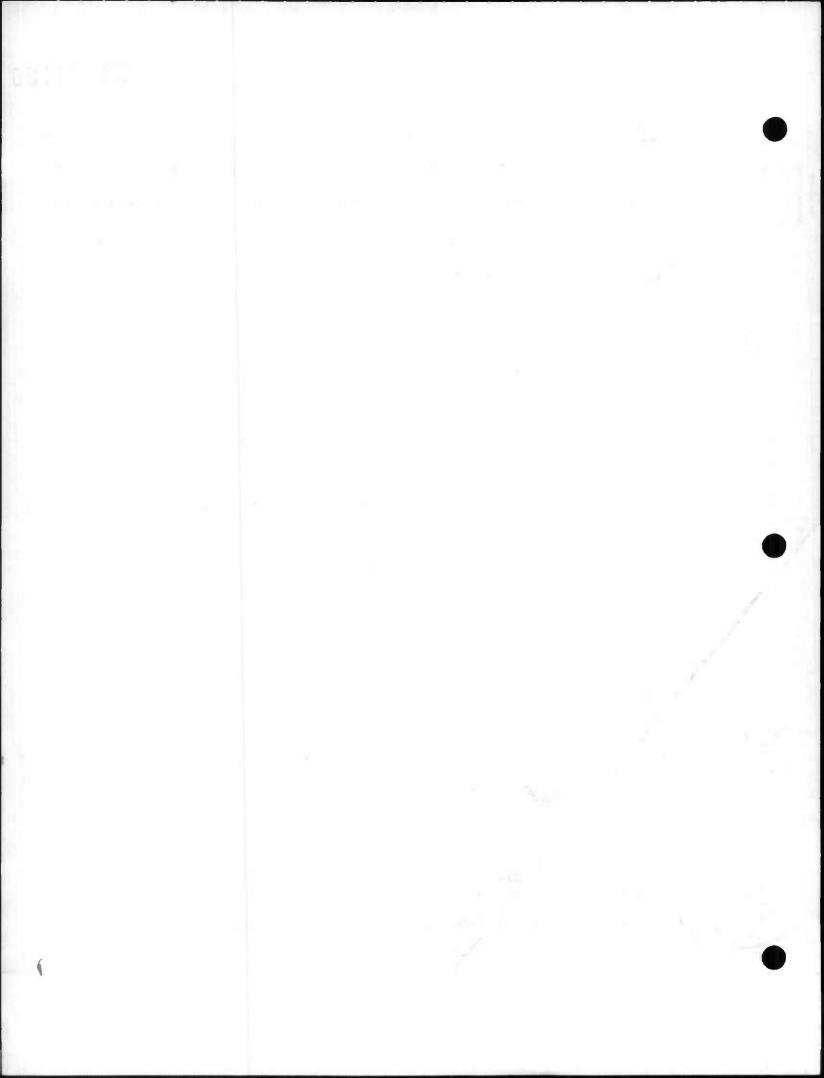


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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL, OR ATTENDING PRESIDENT THE INFORMATION THE DESCRIPTION OF WITHIN 24 NOURS After death. Page 6 may be retained by the hos	TO THE FUNERAL DATECTION After this carried to the support by the attention physician and completely filled in by the funeral director, page 5 should be detach	14	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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			92 3813
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH / CERTIFICATE OF DEAT		22 0010
- 5	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY Y	3. TIME OF DEATH
1 1	CECEUA GYZABETH BURKE		7 A M
1	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 K F 7 4 YRS. MONTHS DAYS HOURS	MHN. 7. DATE OF BIRTH (Morth, Day, Year) V	SHRTHPLACE (State or Foreign Sountry) VASH. D.C.
OB	833 Fairoak Avenue (If not institution, give street and number)  833 Fairoak Avenue Hyatta.	N OF DEATH 9c. COUNTY	Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d, INSIDE CITY
	MD PRINCE GEORGES HYATTSVICE	.6	1 X YES 2 NO
FUNERAL	104. STREET AND NUMBER  101. ZIP CODE  20"	783 109. CITIZE	N OF WHAT COUNTRY?
J.	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban,	, Mexican, Puerto Rican, etc.)	Black, White, etc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO	Specify:	Black
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUS	
COMPLET	Elementary/Secondary (0-12)  College (1-4 or 5 +)  RESEACC   ANALYS	ST GOVERNO	MENT
ON I	17. FATHER'S NAME (First, Middle, Last) 16. MOTH	ER'S NAME (First, Middle, Maiden Surname)	10111
BE	HENRY CRAWFORD U	nknown	
٥	Bernard Burke 833-Faircak	or Rural Route Number, City or Town, State, Zip Co	ode)
	20e_METHOD OF DISPOSITION 1 B BurlisI 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	DATE 200 LOCATION - CH	y or Town, State. MI)
	7.1.27.10	s of FACILITY FWOODFORD FUNER	al Home.
	Morrow Nortow	AST NOW WAS	sh.D.C. 20001
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dyin shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final	eg, such as cardiac or respiratory arres	
	resulting in death)  a. CARDIAC ARRUHITH MID  DUE TO (OR AS A CONSEQUENCE OF):		
z	ARTERIOSCIENTIC CARDINA	KULAR DISTANT	
ERTIFICATION	If any, leading to immediate		
	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEDUENCE OF):		
BI	resulting in death) LAST		İ
0	CAPT II Ob and I Mark a district of the capture of		
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause gi	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
VED		1 TYES 21 NO	OF DEATH?
			1 163 1 100
PHYSICIAN:	FYAMINER?	ATH (Check only one)	
YS	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Res	sidence 6 🗆 Other (Specify)	
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Veer)  28b. TIME OF INJURY AT WORKY?  WORKY?  1 Natural 5 Pending  1 Yes 2	28d. DESCRIBE HOW INJURY OCCUR	RED
B	2 Accident investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office	28f. LOCATION (Street and Number or	Rural Route Number.
COMPLETED	4   Homicide determined building, etc. (Specify)	City or Yown, State)	
PLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place,	and due to the cause(s) and menner as stated.	
NO.	one) 2 MEDICAL EXAMINER: Dn the besis of examination and/or investigation, in my opinion, death occure	d at the time, data and place, and due to the o	cause(s) and manner as stated.
BE			HGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (None Print)	1852 12	-19-92
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  PAUL A. DEVORE MD 4203 Queensbury Rol  31. DATE FILED (Month, Day, Year)  JAN 0 5 1993  32. REGISTRAR'S SIGNATURE  JAN 0 5 1993  JAN 0 5 1993	Hyattsville MD.	20 20
	31. DATE FILED (Month, Day, Year)  32. REGISTRAN'S SIGNATURE  A DATE OF 1003		
	JAN 0 5 1993 Graha Davidson-Manager		



The first this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

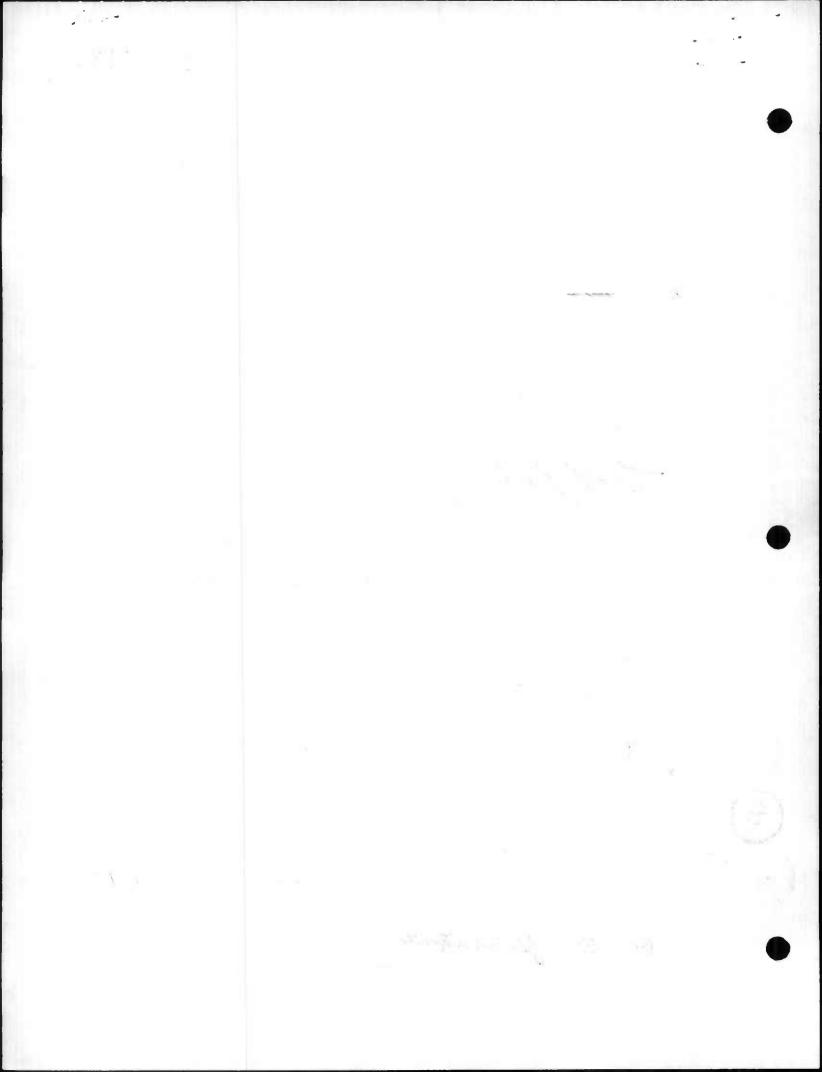
BALTIMORE, MARYLAND 21215-0020

ON OF VITAL RECORDS, P.O. BOX 68760,

MPORTINAT: III

FOR

	1 - STATE REGISTRAR		OINIE OF I	CE	RTIF	ICATE O			REG. N			
į	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH										3. TIME OF DEATH	
í	GREGORY	HAMIL	TON CLAR	CLARKE					DECEMBER 21	, 199	2 YEAR	8:25 P M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
ì	214-88-2493		1 🔀 M 2 🗆 F	24	YRS.	MONTHS DAYS	HOURS	MIN.	SEPIEMBER 2	61968	Country	" RYLAND
	Sa. FACILITY NAME (If not ins	titution, give at	reet and number)			96. CITY, TOW	OR LOCATI			· ·	NTY OF D	EATH
8	310 LORE STE	REET				LEXINO	TON F	PARK		ST.	MAR	Y'S
5	RESIDENCE OF DEC	EDENT 10b. COUNTY										
DIRECTOR	Total Control of the					Y, TOWN OR LOC						10d. INSIDE CITY LIMITS?
	MARYLAND  100. STREET AND NUMBER	ST.	MARY'S			EXINGTO						1 YES 2 X NO
A I							101. ZIP COD					HAT COUNTRY?
FUNERAL	310 LORE STE	KEET.	12 WAS DECEDEN	T EVER IN U.S. AR	MED	40 1170 0	20653					STATES
à l	1 Never Married	ted .	FORCES? 1 IF YES, GIVE W	YES 2 TH	Ю	If yes,	ECENDENT C specify Cubi ES 2 NO	ın, Mexicen	IC ORIGIN? (Specify ) n, Puerto Rican, atc.)	fes or No	Specif	— American Indian, , White, etc. y:
입	15. DECE	DENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF B	USINESS/INI		LIL
<u> </u>	Elementary/Secondary (0-		College (1-4 or 5 +		Do NOT u	work done during a se retired.)	nost of works	ng				
를	12		4		STU	DENT						
COMPLETED	17. FATHER'S NAME (First, Mic	idle, Lest)					18. MOT	HER'S NAM	ME (First, Middle, Meide	en Sumame)		
BE	GEORGE EDWAR	RD CLA	RKE, III				CHE	RISTI	NE BIREN			
0	19a. INFORMANT'S NAME (Ty)	pe/Print)	NHCT CONTRACTOR	190	. MAILING	ADDRESS (Stree			oute Number, City or To	own, State, Zip	Code)	
-	GEORGE E. CI		III	3	10 I	ORE STR	EET.	LEXI	NGTON PAR	K. MA	RYLAI	ND 20653
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremation	ON 1 3 □ Remo	wal from State			OF DISPOSITION				OCATION -		
	4 Donation 8 Other (	Specify)		cemetery, cres	T CR	EMATORY	-		W	ALDOR	F, M	ARYLAND
- 1	22. NAME AND ADDRESS OF FACILITY  BRINSFIELD FUNERAL HOME											
_	EDWARD	M GD	INSFIELD	TD MO	0050							
T	23. PART I. Enter the dis	seases, or c	omplications the	t coused the de	0052 eth. Do i	not enter the n	ode of dy	Ing, auch	TON STREE	piratory an	ONAR	Approximate
	23. PART I. Enter the diseases, or complications that caused this deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abook, or hast failure. List only one cause on each line.  Approximate interval Between Onset and Death one cause or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other elgnificen	t conditions	contributing to	Beath hut hat m	neultine.	In the contrate	/					
: MEDICAL	Cer	Obri	NO 1.	Ster	6 (	eur	given ni r	PERF	t I. 24s. WAS AN AUTOPSY PERFORMED? 24b		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO	
BY PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL	7			0.0	PLACE OF D	EATH 401	at cate and			
2	EXAMINER?		HOSPITAL:	EDIO A STATE A	U and	OTHER:	1.0					
Ë	27. MANNER OF DEATH		28s. DATE OF		28b. TIM		JURY AT		Other (Specify)	IN HIEW OO	CUDED	
	1 Netural 5 P	ending ivestigation	(Month, De	ay, Year)		IURY V	YES 2		ZOG. DESCRIBE HOW	INJUNT OC	LUNED	
2		street, factory, of	_		281. LOCATION (Stree	t and Number	or Bural B	note Monther				
Ĭ		ould not be etermined	building,	etc. (Specify)		, , , ,	·		City or Town, Stat	0)	OT FINEW PR	Anna Annanas
COMPLETED									o the cause(s) and m			and manner as stated.
	296. SIGNATURE AND TITLE O		0									
n n	XX a	111	ais				D11	674	DER	≥ 1	2/22	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type	Print)				1		
	ABDUSSAMED SA						FONA	SDALOR	N, MARYL	AND 3	20650	
	31. DATE FILED (Month, Day, Ye	ear)	32 REGISTRA	R'S SIGNATURE					LEMITTE	410	.0000	
- 1	DEC 23 10	92	Lu Sia Dair	dron-Rand	مالك							



40.00

92 38132 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTA	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		38132			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	MARTHA PRISCILL	A COPPAGE			DECEMBER 27.	1992	-10000000000000000000000000000000000000			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	The second second	1:50 A.M.  HPLACE (State or Foreign			
	218-38-8787	1 🗆 M 2 🖵 F	94 YRS. MC	NTHS DAYS HOURS MIN.	(Month, Day, Year)	Coun	try)			
	Se. FACILITY NAME (If not institution, give	street and number)		CITY, TOWN OR LOCATION OF E	DECEMBER 5	1898 MA	RYLAND			
<u>ج</u> ا	ST. MARY'S NURS	ING CENTER		LEONARDTOWN			-11			
DIRECTOR	RESIDENCE OF DECEDENT					ST. MAI	RY'S			
2	10a. STATE 10b. COUNT		10c. CITY, Y	OWN OR LOCATION			10d. INSIDE CITY LIMITS?			
		LMARY'S	LEO	VARDTOWN			1- YES 2 NO			
FUNERAL	106. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
2	P.O. BOX 518			20650		UNITED	STATES			
5	11. MARITAL STATUS  1X Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No — 14. RAC Black	E — American Indian, ck, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES 2 NO Spec		Spe				
0	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	IAL OCCUPATION	165 KIND OF BUS	WH]	NVE.			
	(Specify only highest grad Elementary/Secondary (0-12)	le completed)	(Give kind of work life. Do NOT use n	done during most of working	IOD. KIND OF BUS	HNESS/INDUSTRY				
7	12	College (1-4 or 5+)	US POSTAI				1			
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 00 1 00 111		AME (First, Middle, Maiden	Sumame)				
_	JOHN BENJAMIN CO	OPPAGE		1	ETH DUKE					
O BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street and Number or Rural		n, State, Zip Code)				
۲	WILLIAM L. CALLA	<b>WAY</b>		E ROAD, FORT W			20744			
	20a. METHOD OF DISPOSITION 1 (XBurial 2   Cremation 3   Ran		b. PLACE AND DATE OF	ISPOSITION (Name of		CATION City or T				
	4 Donation 5 Other (Specify)	ST	metery, crematory or other  GEORGE I		12/29 VALI	EY LEE.	MARYLAND			
	21. BIONATURE OF FUNDRAL SERVICE U	CEMBEE)	parter.	22. NAME AND ADDRESS OF F	ACILITY	(				
	MTCHAET K	BLANKENSHIP		BRINSFIELD FO						
	23. PART I. Enter the diseases, or	complications that cause	d the deeth. Do not	59 N. WASHING	ch as cerdiec or respi	retory arreat,	Approximata			
	ahock, or heart fellure.  IMMEDIATE CAUSE (Final	. List only one ceuse on a	eech line.	_	11		Interval Between Onsat and Death			
	disease or condition resulting in death)	Carl	Vimenla	mary to	luro	-	hal			
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	army fac	10001		1111			
z		· X2	ndid	> /			day			
HILLICATION	Sequentially list conditions, if any, laading to immediate	DUE TO TON AS	CONSEQUENCE OF):	N .			0-1			
3	CAUSE (Disease or Injury	· IN	enm	nia			desce			
1	that initiated events resulting in death) LAST	DUE TO (OH AS	A CONSEQUENCE OF):							
		4					- V			
AL.	PART II. Other aignificant condition	na contributing to deeth !	but not resulting in t	he underlying ceuse given in	Part I. 24s. WAS AN PERFOR		. WERE AUTOPSY FINDINGS			
5					1   YES 2		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
MEDIC							1 YES A NO			
							1/1			
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C	heck only one)		11.			
2	1 TES 2 NO	1   Inpatient 2   ER/Out	patient 3 DOA	THER: Nursing Home 5 - Residence	6 Other (Specify)					
E	27. MANNER OF DEATH  Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED				
2	1 A Natural 5 Pending Investigation			M 1 YES 2 NO						
G	3 Suicide 8 Could not be 4 Hornicide detarmined	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, term, street	t, tactory, offica	281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,			
2										
MF	29a. CERTIFIER Check only	ICIAN: To the best of my know	viedge, death occurred a	t the time, data and pleca, and du	e to the cause(s) and man	ner as ataled.				
5	2 MEDICAL EXAMIN	ER: On the besie of examination	on ago/or investigation, i	n my opinion, death occured at the	time, data and place, and	due to the ceuse(	a) and manner as stated.			
اي	296. SIGNATURE AND TITLE OF CENTIFIE	B /	V- 1	29c. LICENSE NU	MBER	29d. DATE SIGNE	(Month, Day, Year)			
	101	1 1 TO 6419 12 -18 -99								
- 3		18/1/								
		HO COMPLETED CAUSE OF DE	EATH (ITEM 27) Type, Pri	M)			7,00			
	J. PATRICK JARBO	E. M.D. I	MEDICAL AR		ARDTOWN M	ARYLAND	20650			
	7 pametou kann	E. M.D. I	MEDICAL AR	TS BLDG. LEON	ARDTOWN MA	ARYLAND	20650			

DF VITAL RECORDS, P.O. BOX 68760,

The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may be page 1, 2, 3 should be accounted for the control of the property TO THE HOSPITAL TO THE FUNGRAL DEFENDED FOR MINING 72 INVITATION OF THE PROPERTY OF THE PROPER

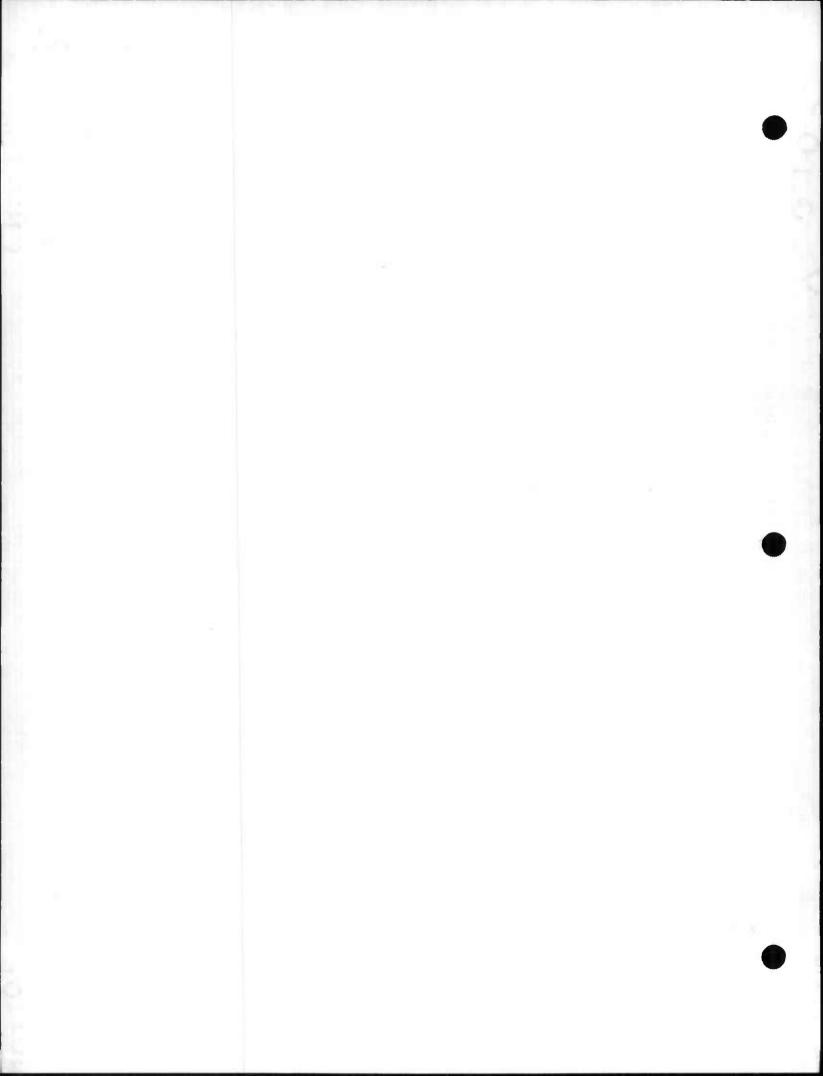
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE 3. NO.	2 00100		
		mpbell				2. DATE OF DE	ATH	year 0330 A m		
	4. SOCIAL SECURITY NUMBER  462-52-8026  9a. FACILITY NAME (If not institution, give st							BIRTHPLACE (State or Foreign Country) Texas		
CTOR	helan Mom	orial H	op. Cal	Riverd		CAIN		ce George's		
- DIRECTOR		e George's	-2-5	Rainie:	r			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	3509 Otis Street				20712		U.:	EN OF WHAT COUNTRY?		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 X ND	If yes, speci	DENT OF HISPA fy Cuben, Mexico NO Special	NIC ORIGIN? (Spe an, Puerto Rican, o fy:	rtc.)	4. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	Me. Do NOT use re	done during most i	of working		OF BUSINESS/INDU	STRY		
BE COM	7th Grade  17. FATHER'S NAME (First, Middle, Last)  Unavailable		Waitress	1		AME (First, Middle, a	taurant Maiden Surname)			
TO BE COM	19a. INFORMANT'S NAME (Type/Print) Charles Campbell						or Town, State, Zip C ier, Mar			
	20a. METHOD OF DISPOSITION 1 Surlel 2 % Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE of DISPOSITION (Name of cemelery, crematory or other place) Metropolitan Crematory 12/24/92  Alexandria, Virginia									
	21. SIGNATURE OF FUNERAL SERVICE LIC	& 7 no	nd	4739 B	s Gasch altimor	's Sons e Avenu	e, Hyatt	Home, P.A. sville, MD 2078		
	23. PART Enter the diseasea, or c ahock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Reyply	A ODNSEQUENCE OF):	anter the mode	line	e	4.4	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CERT	resulting in death) LAST	L				V				
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  1   YES 2   MO									
PHYSICIAN:	25. WAS CASE REFERBED TO MEDICAL EXAMINERY 1 YES 2 NO	HOSPITAL:		26. PLAC THER:	E OF DEATH (CA		м			
ву рну	27. MANNER OF DEATH  1. Natural S Pending 2 Accident Investigation	28e. DATE OF BUJURY (Month, Deg. Year)	26b. TIME O	P 28c. INJUR WORK	Y AT	process and the constant with	HOW INJURY OCCU	MED		
PLETED E	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	et, fectory, office	28f. LOCATION (Street and Number or Flural Route Number City or Sann, State)						
COMPL		CIAM to the best of my show						L. Cause(x) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	1/18			DI 98	91	29d. DATE (	2/23/G2		
		3ELA 440	4 Quela	, bury	Rd.	River	del MD	20737		
	DEC 2 8 1992	30. REGISTBAR'S SIGN	-Mandell	1						

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DIVISION OF VITAL RECORD	CIAN: The law requires that the	Ifficate has been signed by the	tue.
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	THE HOSPITAL OR ATTENDED	D THE FUNERAL DIRECTOR ATTAC	filed within 70 hours after them the State Deat of Health and
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		1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTIF	RTMENT OF	F HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
	- 8	1. DECEDENT'S NAME (First, Middle, Last) Linda R	Chutch	hhield			2. DATE OF DEATH	7 92	3. TIME OF DEATH 4:30 A M
		4. SOCIAL SECURITY NUMBER		MGE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	a, BIR	THPLACE (State or Foreign
-	DIRECTOR	217 42 2954	1 □ M 2 <del>   </del>	48 YRS.	MONTHS DA	YS HOURS MIN.	(Month, Day, Year) April 20	Cou	aryland
3 should		Se. FACILITY NAME (If not institution, give			i .	WN OR LOCATION OF DE		9c. COUNTY OF	
6,		Doctors Commun	ity Hospita	al	Lan	ham		PG	
Jes 1.	EC	10a. STATE 10b. COUNT	Υ	10c. Cf	TY, TOWN OR LO	OCATION			10d, INSIDE CITY
permit. Pages	DIE	Maryland Prin	ce George t	s I	anham				LIMITS? 1 YES 2 KNO
	IAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
020 physician. burial-transit	FUNERAL	9123 6th Street				20706			States
120 frysicii unial-t	5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	If yes	s, specify Cuban, Mexica		or No 14. RA Bis	CE — American Indian, ack, White, etc.
21215-0020 al or attending physic for use as the burial	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR O	NO NO	1 🗆	YES 2 NO Specif	No	Sp	White
21215-0020 or attending physician ir use as the burial-trai	ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	Work done durin	PATION g most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
14 = 5	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	ree retired.)		1		
AND he hospi detached	COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Medica	1 Code			1 Emerg	ency
YLAND 2 by the hospital be detached to at once.		J.E. Lyday					ME (First, Middle, Maiden	Surname)	
MARYLAND 2121 s retained by the hospital or atti 5 should be detached for use notified at once.	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLIN	G ADDRESS (Str	Blan	ICTIE Route Number, City or Tow	n State Zin Code)	
M/ e reta e 5 sh noti	5	Wanda L. Hoath					t Alexandr		inia 22309
BALTIMORE, after death. Page 6 may be noval. cel examiner must be a		20s. METHOD OF DISPOSITION 1 Structure 2 □ Cremation 3 □ Ren	amul from State	20b. PLACE AND DATE	OF DISPOSITION			CATION — City or	
ALTIMOR death. Page 6 ma to funeral director, pli. examiner must		4 Donation 8 Other (Specify)		Maryland	Vetera	ns Cemeter	y 12/29/92	Chelte	nham MD.
BALTIMORE, MARYLAND er death. Page 6 may be retained by the hospit the funeral director, page 5 should be detached val.		21. SIGNATURE OF FUNERAL SERVICE LI	C.	D	22. NAM Be	E AND ADDRESS OF FA	GUTY Funeral Ho	те Р Δ	
BAL ter deal the fun wal.		MODEL C.	Clans	) Thes	160	000 Annapo	lis Rd. Bo	wie Md.	
24 hours filled in b ion, or rer the medi		23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Em	on each line.	na	mode of dylng, suc	h as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death
OX 68 be execut cian and c ior to buris	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	AS A CONSEQUENCE (					
DS, P.O. BOX the death certificate be a the attending physician if Mental Hygiene prior to injury, or other traum		that initiated events resulting in desth) LAST	d	AS A CONSEQUENCE (					
RECORDS, I we requires that the deat been signed by the attern or Health and Mental shows any Injury,	MEDICAL	PART II. Other algorificant condition Servin Cliftere	algha- ney	th but not resulting	try	iying cause given in	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	Ab. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AL F ne law has be bept. n 23 s	AN	25. WAS CASE REFERRED TO MEDICAL	0						
2 f a a a a	S	EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (Ch			
H 10 8 44	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU	JRY , 28b. TII		Home 5 Residence	8 Other (Specify)  28d. DESCRIBE HOW, II	NJURY OCCURED	
arke o	ВУ Р	1 Natural 5 Pending Investigation	(Month, Say, )	"/A   N	JURY	WORK?	N	1	
ISI TTEN TOB affer 28 Is	ETED B	2 Accident  3 Suicide 4 Homicide  6 Could not be determined	28e. PLACE OF INJ building, etc. (	IURY — At home, farm, (Specify)	street, factory,	office	261. LOCATION (Street a City or Town, State)	and Number or Rure	I Route Number,
AL OB	COMPLE		ICIAN: To the best of my in						o(e) and manner se stated.
TO THE HOSPIT THE FUNERA filed within 7	TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIE  SUPPLY  30 NAME AND ADDRESS OF PERSON WITH	A ACA DO COMPLETED CAUSE OF	l M	)	D/77	99	≥ /2/	27/92
(5)		GERARDO M 31. DATE FILEBRAGOIL, DAY HORD	· GACAD	6510	KEN!	1LW ARTH	+AV. P	IVERIM	LE MD 207
		JAN 0 5 199	3 Julia D	SIGNATURE Rand	all				



BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	Iten
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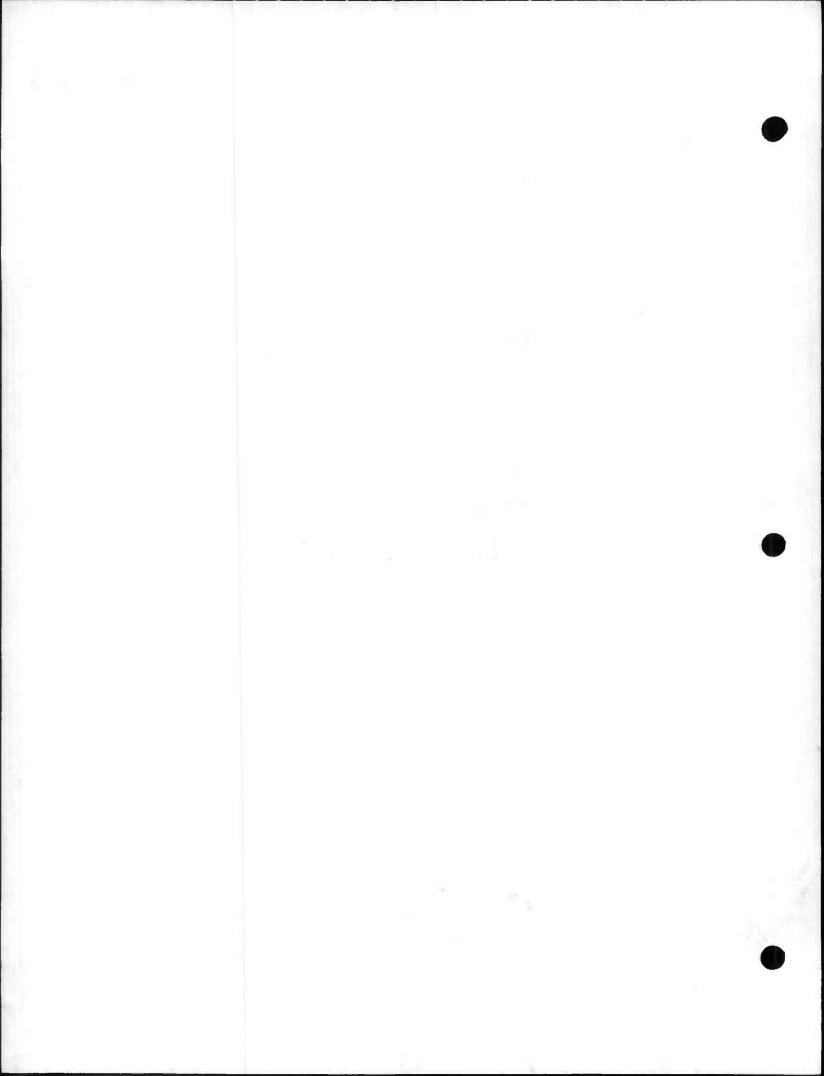
1. OECEDENT'S NAME (First, Middle,	Lest)				DEATH		OF OEATH			3. TIME OF DEATH
Bernice Cath	erine Col	eman				1 2	-31-9		YEAR	8:30 A
2.13-44-0485	5. SEX	6. AGE (In yrs. les	l birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	(Mon	of BIRTH th, Day, Year)		Country)	LACE (State or Foreign
90. FACILITY NAME (If not institution, Pat's Domici RESIDENCE OF DECEDEN	liary Car			Sudle	or LOCATION OF	DEATH	y_24;	9c. COUNT	ieen	Anne
	Caroline			ry, town on Local Cemplev						INSIDE CITY LIMITS?  YES 2 NO
10e. STREET AND NUMBER				.1	Of. ZIP CODE					HAT COUNTRY?
P. O. BOX 13  11. MARITAL STATUS  1	FORCES?	NT EVER IN U.S. AF I YES 2. 3 WAR OR OATES	RMED NO	If yes, s	216 CENDENT OF HIS pecify Cuben, Me is 2 NO Sp	PANIC ORIGI			Black, Specify:	- American Indian, Whita, atc. Thite
15. OECEOENT'S (Specify only highest Elementary/Secondary (0-12) 11th	grade completed)  College (1-4 or 5	+) (G	ive kind of . Do NOT u	s usual occupat work done during in see retired.) Clerk	ION nost of working		Retai		JSTRY	
17. FATHER'S NAME (First, Middle, La Charles B. T					Elsie		Middle, Maide Sh Th		on	
190. INFORMANT'S NAME (Typo/Print Betty Ann Co				Box 7			nber, City or To			
21. SIGNATURE OF PURITIES AL SERVI	CE LICENSEE	2	rers	22. NAME /	Cemete	FACILITY				le,MD
23. PART I. Enter tha disease:	s, or complications the liters. List only one centre of the control of the contro	at caused the de	Bath. Do	22. NAME Flee Flee not enter the m	and address of	1fen 60 C such aa car	bein	Funei	ral	Home
23. PART I. Enter the diseases ahock, or heert fellowers and the sease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events	b. OUE TO DUE TO d.	at caused the deuse on each line  Latic  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE	COUENCE C	rot enter the m	egle-He	FACILITY  1fen  60 C  suich as cai	bein	Funer berginstory and	tast Sis	Home
23. PART I. Enter the diseases ahock, or heert fellowers and heert fellowers ahock, or heert fellowers and heert fellowers ahock, or heert fellowers and heert fellowers and heert fellowers and heert fellowers and heert fellowe	b. OUE TO d. HOSPITAL:	at caused the deuse on each line  O (OR AS A CONSE   COUENCE C	22. NAME Flee Flee Donot enter the m OF): OF): OF): OF): OF): OF): OF): OF):	and address of a gle-He Box 1  Box 1  Box 2  Box 2  Box 3  Box 3  Box 3  Box 3  Box 4  Box 4  Box 4  Box 1  Box 1  Box 1  Box 2  Box 2  Box 3  Box 3  Box 3  Box 4  Box 4  Box 4  Box 4  Box 5  Box 1	FACILITY  1 fen  60 G  Buich as call  (The Check only of the Check	24a. WAS A PERFC 1 YES	Funer berginstory and	tast Sis	Approximate interval Betwee Onset and Del	
23. PART I. Enter the diseases ahock, or heert fe immediate cause (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significent conditions.	CELICENSEE  Is, or complicatione the liure. List only one cellure. DUE TO  C. DUE TO  d. DUE TO  d. DUE TO  d. LIST ON TO SEE T	at caused the deuse on each line  O (OR AS A CONSE  O (OR AS A CONSE  O (OR AS A CONSE  O death but not	COUENCE COUENC	22. NAME FILES  FILES  FOR:  OFF:  OFF:  OFF:  OTHER: 4 Nursing He ME OF LUURY M 28c. II	egle-He Box 1  Box 1  Box 1  Box 2  Box 1  Box 1  Box 1  Box 2  Box 1  Box 1  Box 1  Box 2  Box 1  Box 2  Box 1  Box 2  B	In Part I.  (Check only 28d, Oil	24a. WAS A PERFC 1 YES	Funer berginstory arm	24b.	Home  2 1 6 3 0  Approximate interval Betwee Onset and De  A  WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO

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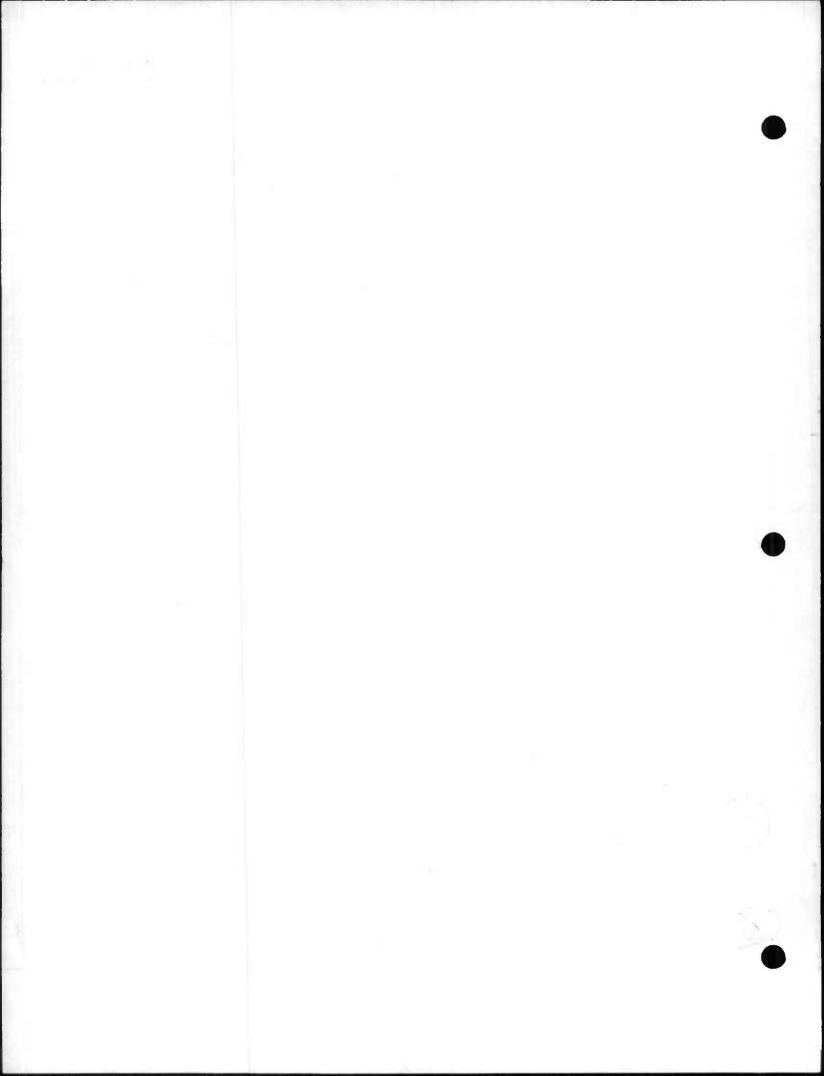
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAN		CER	TIFICALE	JF DEATH	REG.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Deborah	Ε.		Cook		12	11 199	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last bi	rthday) IF UNDER 1 YI	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
-	220-70-0064	1 M 2 X F	35	YRS. MONTHS D	WS HOURS MIN.	July 17	7	Country)
	Sa. FACILITY NAME (If not institution, give :	etmat and number		OF OLLY AN	WN DR LOCATION OF D			Washington, D
œ						EAIH		
2	Route 2 at Vi	rginia A	ve.	Edge	ewater		Anne	Arundel
S	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNT	ν		IDc. CITY, TOWN OR L	00471041			
DIRECTOR		•	18					10d. INSIDE CITY LIMITS?
		Arundel		Edgewate	er			1 X YES 2 NO
A	100. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
E	1828 Harve De (	Grace			21037		Unit	ed States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E		D 13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specifi	Yes or No — 14	I. RACE — American Indian.
	1 Never Married 2 Merried	FORCES? 1 L	YES 2 NO	If ye	s, specify Cuban, Mexico	en, Puerto Rican, etc.	)	Black, White, etc.
ВУ	3 Widowed 4 V Divorced		TON BATES	1 ''	YES 2 NO Speci	ry:		Specify: White
COMPLETED	15. DECEDENT'S EDU		16a. DECE	DENT'S USUAL OCCU	PATION	16b, KIND OF	BUSINESS/INDUS	
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of work done during NOT use retired.)	g most of working	1,100 1,010		
7	1.0	College (1-4 or 5+)	Hou	sewife		Homen	akar	
Σ	17. FATHER'S NAME (First, Middle, Last)		1100	13CWIIC				
8	Programme and the state of the					AME (First, Middle, Ma	iden Sumame)	
BE	Johnnie Lim	baugh				trahorn		
2	19a. INFORMANT'S NAME (Type/Print)	e le	19b. A	AJLING ADDRESS (St	reet end Number or Rural	Route Number, City or	Town, State, Zip C	ode)
F	Jean Limbau	gn	1	828 Harv	e De Grace	, Edgewat	er Md 2	1037
	20a. METHOD OF DISPOSITION		20b. PLACE AND	DATE OF DISPOSITION	N (Name of	OATE 200	LOCATION — CH	ty or Town, State
- 0	1 Duriet 2 Cremation 3 Rem	noval from State	remetery.crema	tory or other place) Lincoln		1 .		d, Maryland
	21. BIGHATURE OF POTERAL SERVICE LI	CENSEE	1010		IE AND ADDRESS OF FA		Tenewoo	u, naryrana
	.///	11	- W0000	FO	rt Lincoln	Funeral	Home, I	nc.
	1/2 sony	Jul 3	M00907	340	01 Bladens	burg Rd,	Brentwo	od Md 20722
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DI	R AS A CONSEQUE	INCE OF):	<i>U</i>			
ER	resulting in death) LAST	d						
	PART II. Other significent condition	ns contributing to de	eath but not ree	uiting in the under	fulna causa aluan in	Bort I 240 MM	AN AUTOPSY	I as were surrous even
EDICAL			Jen Dat Hot 165	ording in the dilugi	rying couse given in	PEF	FORMED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
ă						15XYE	S 2 NO	OF DEATH?
Σ						_   '		1 TYES 2 ND
ž								
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH (C	neck only one)		
S	1 NO YES 2 □ NO	1 Inpatient 2 I E	R/Outpatient 3 🗆	DOA 4 Nursing	Home 5 🗆 Residence	8 IX Other (Specify)	eet	
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF IN	JURY 2	8b. TIME OF 28	. INJURY AT	28d. DESCRIBE HO		RED
	1 Netural 5 Pending	(Month, Day,	/1992 1	1 : 38 D . 1	WORK?	Pedest	rian S	truck by
B	2 Toutette	28e. PLACE OF I	1 - 1 - 1 - 1	farm, street, factory,	office			Rural Route Number,
9	4 Homicide B Could not be	building, etc	c. (Specify)	, territy enroom, receivity,	OTTICE OTTICE OF THE PROPERTY	City or Town, S	tate)	nurer noone reumon,
COMPLET				Street		Route	2 at V	irginia Av
립	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my	y knowledge, death	occurred at the time,	date end place, and due	to the cause(e) and	manner as stated	
8	one) 2 MEDICAL EXAMINE	ER: On the besis of exam	nination end/or inve	stigation, in my opini	on, death occured at the	time, date and place	, end due to the	cause(e) and manner as state
ŭ					29c. LICENSE NU			
	29b. SIGNATURE AND TITLE DE CERTIFIE							SIGNED (Month, Day, Year)
BE	29b. SIGNATURE AND TITLE DF CERTIFIE	1 /1						7/17/1002
	Dennis	h Ch	ut m	2	0.C.	М.Е.	_	2/13/1992
TO BE	29b. SIGNATURE 100 TITLE DF CERTIFIE  30. NAME AND ADDRESS OF PERSON WITH	10 CONFLETED CAUSE						
	Dennis	DO CONTRACTED CAUSE			eet, Bal			
	Dennis	32. REGISTRAR'S	111 E	Penn Str				
	30. NAME AND ADDRESS OF PERSON WIT	32. REGISTRAR'S	111 E	Penn Str				



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	1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH ANI ATE OF DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)  Chean Ho Cho	¥47			2. DATE OF DEATH DO 12. 2.		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. AGE (	78 YRS. MO	UNDER 1 YEAR IF UNDER 24 HR HTHS DAYS HOURS MIN	7. DATE OF BIFTTH (Morith, Day, Year) 2 - 25 - 14	8. BIRT Coun	THPLACE (State or Foreign try) China
TOR	Washington Cou			Hagerstown		9c. COUNTY OF	ington
DIRECTOR	10a. STATE 10b. COUNTY  Md Mon:	tgomery		ithershura			10d. INSIOE CITY LIMITS? 1 YES 2 X 00
FUNERAL	33 County Cour	rt.		10f. ZIP CODE 208		USA	WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	X XNO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mei 1 YES 25/34NO Sp	ican, Puerto Rican, etc.)	Spe	CE — American Indian, ck, White, etc. cdy: iental
LETED			life. Do NOT use re	done during most of working lired.)		SINESS/INDUSTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)  Kou Ouon Chow		Owner	16. MOTHER'S	Peking NAME (First, Middle, Maiden T Shee Yia		urant
TO BE	19a. INFORMANT'S NAME (Type/Print) Bao Quan Cao			• Rockglen (	ral Route Number, City or Tow	n, State, Zip Code)	72 22152
must be	20e. METHOD OF DISPOSITION 1  Burlel 2		PLACE AND DATE OF D	isposition (Name of 12 – 2	7-92 20c. LO	CATION — City or 1	Fown, State
examiner	21. SIGNATURE OF FUNERAL SETWICE LICEN	Ext 8	<u> </u>	22. NAME AND ADDRESS OF 6633 Old Clinton, M	FACILITY Lee Fu	neral :	Home, Inc.
, the medical	23. PART /: Enter the diseases, of cor shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused at only one cause on a	the death. Do not ach line.	enter the mode of dying, a	uch as cardlec or respi	ratory arrest,	Approximate Interval Between Onset and Death
Z S		OUE TO (OR AS A	CONSEQUENCE OF):				
or other traumatic event, the medical examiner must be notified at once.  ERTIFICATION  TO BE COM	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):				
any injury.	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	ne underlying cause given	in Part I. 24a. WAS AN PERFOF	MED?	Ib. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
shows any injury.  : MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	DUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):  ut not resulting in t	28. PLACE OF DEATH	PERFOF	MED?	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ked, or Item 23 shows any injury, PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition	DUE TO (OR AS A	CONSEQUENCE OF):	28. PLACE OF DEATH THER: Nursing Home 5  Residen 28c. INJURY AT WORK?	PERFOF  1 VES 2  (Check only one)	MED?	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  Contributing to death b	CONSEQUENCE OF):  ut not resulting in t  ut not resulting in t  28b. Time O  INJURY	28. PLACE OF DEATH THER: Nursing Home 5   Residen 28c. INJURY AT WORK? M 1   YES 2   NO	(Check only one)	NJURY OCCUREO	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IT WENT ZE A METTED, OF 116M 23 Shows any Injury. MPLETED BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of the cause o	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to death b  CONTributing to death b  CONTRIBUTION  IOSPITAL: Inpatient 2 ER/Outp  28e. DATE OF INJURY (Morith, Day, Year)  28e. PLACE OF INJURY building, etc. (Spec	consequence of):  ut not resulting in t  ut n	28. PLACE OF DEATH THER: Nursing Home 5   Residen 28c. INJURY AT WORK? M 1   YES 2   NO	(Check only one)  De 6 Other (Specify)  28d. DESCRIBE HOW IS  City or Town, State)	NJURY OCCUREO	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
D BY PHYSICIAN: MEDICAL CE	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the conditions of the cause o	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to death b  CONTRIBUTION TO CONTRIBUTE  A PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Special Contribution on the bests of examination	consequence of):  ut not resulting in t  ut not resulting in t  28b. Time o  in and/or investigation, in	28. PLACE OF DEATH  THER:   Nursing Home 5   Residen   28c. INJURY AT WORK?   M   1   YES 2   NO   Note that the time, date and place, and the time, date and place, and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time, date and place and the time.	(Check only one)  28 Other (Specify)  28d. DESCRIBE HOW a  28t. LOCATION (Street City or Town, State)  5ue to the cause(e) and marked the time, date and place, and	NJURY OCCUREO and Number or Rural inner as stated, id due to the cause	AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,



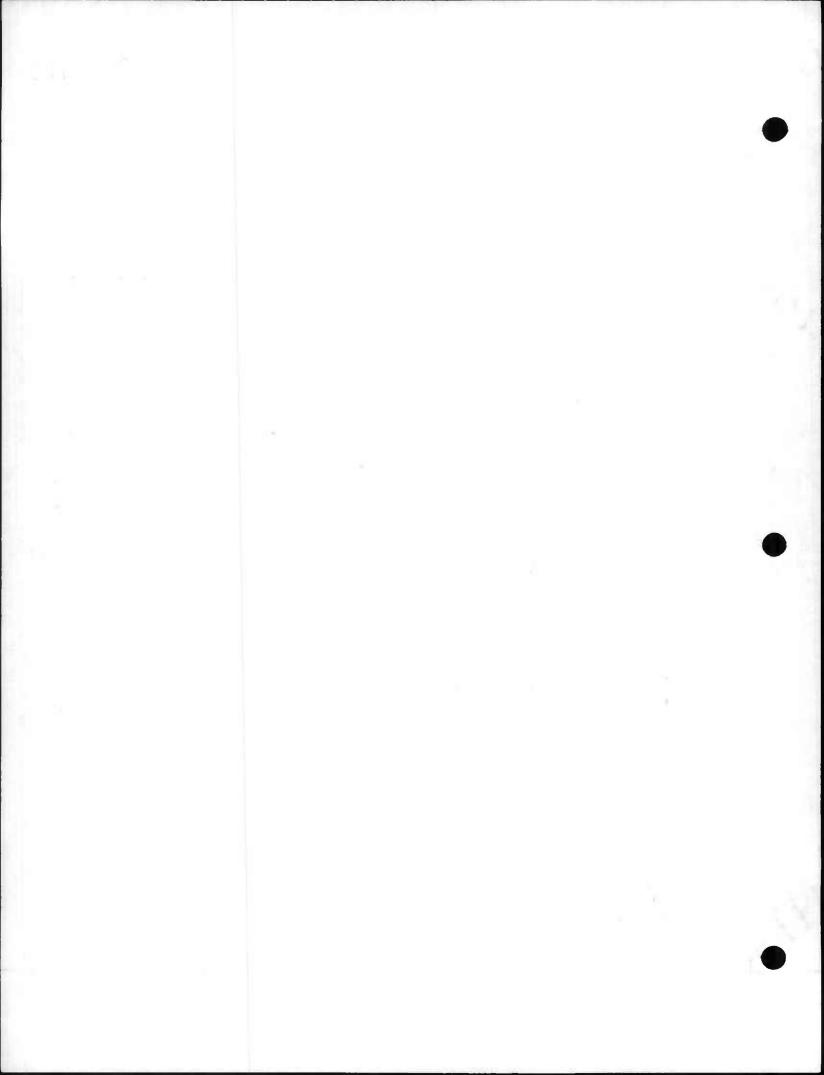
TO Her Mal. Of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE CHEEN RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Las	it)			E OF DE		REG.	TM.		Tues on an
Joseph H.	Clark					MONTH 12	31	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtl	hday) IF UNDE	DAYS HOUR	DER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye		8. BIRTHP Country)	LACE (State or Foreign
579-36-5057	1 XM 2   F	67 Y	rs.	UNIS HOUR	SS MINI.	3/23/			ington,
9e. FACILITY NAME (If not institution, giv	e street and number)		9b. CIT	, TOWN OR LOC	ATION OF DE	EATH	9c. CO	UNTY OF DE	
Greater Laure	l Beltsv	ille Hos	p.	Laurel			Pr	ince	Georges
10e. STATE 10b. COUI	YTY	10-	c. CITY, TOWN	OR LOCATION			-		IOd. INSIDE CITY
Md N	Montgome:	rv	Silv	er Spr	ina				LIMITS?
10e. STREET AND NUMBER				101. ZIP C			tog. Cr		AT COUNTRY?
13803 Castle H	Blvd.			209	0.4			USA	
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED		WAS DECENDEN	T DF HISPAN	IIC ORIGIN? (Specif	v Yes or No		- American Indian
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES 2 NO		If yes, specify Co	uban, Maxice	n, Puerto Rican, etc	-)	Specify:	- American Indian, White, etc.  Black
15. DECEDENT'S E		16e. DECEDE	ENT'S USUAL O	CCUPATION		16b. KIND O	BUSINESS/IN	•	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +	life Do A	nd of work done NOT use retired.)	during most of wo	orking				
12th			X. Op	erator		Pr	ivate	<b>a</b>	
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Me			
Joseph Cla	ark					Belly	,		
19a, INFORMANT'S NAME (Type/Print)		19b. MA	ALING ADDRES			Route Number, City o	Town State 2	in Code!	
Elizabeth Cla	ark								M.A. 200
200. METHOD OF DISPOSITION		20b. PLACEAND D			Iva.		LOCATION -		Md 209
1 X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	cemetery, cremetor	ry or other place)						
21. SIGNATURE OF LUNETIAL BETWICE	LICENSEE	Harmon	y Mem	orial	Park	1/6/93	Land	dover	, Md
1	7		22.	Austin	Roy	ster Fu	neral	l Hom	е
23. PART 1. Enter the diseeses of	usgar	/		3605 1	4th	STreet,	N.W.	DC	20010
IMMEDIATE CAUSE (Final disease or condition		/							0
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	OF AS A CONSEQUENT	ICE OF):	der	90	ci den	A		Onset and Der
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c. DUE TO	OR AS A CONSEQUEN	ICE OF):	_		Part I.   24a, WA	S AN AUTOPSY		Onset and Des
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the conditions are sufficient conditions.	c. DUE TO	OR AS A CONSEQUEN	ICE OF):	iderlying caus	e given in	Part I. 24a, WA PEI	S AN AUTOPSY	C	3 L  TERE AUTOPSY FINDING VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
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resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions are conditions. The conditions are conditi	DUE TO	OR AS A CONSEQUENT OR AS A CONSE	CE OF):  CE OF):  ting in the ur	26. PLACE OF 3: sing Home 5 — sing Home 5 — sing Home 5 — sing Home 5 — sing Home 5 — sing Home 7 — work?	e given in	Part I. 24a, WA PEI 1 TYE	S AN AUTOPSY NEDRMED?	1 1	3 L  TERE AUTOPSY FINDING ANLABLE PRIOR TO MOPLETION OF CAUSE F DEATH?
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PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Accident  3 Suicide 6 Could not b	DUE TO  DUE TO  DUE TO  d.  DOES CONTributing to  DOES CONTRIBUTING TO  AMOUNT TO  AMOUN	OR AS A CONSEQUENT OR AS A CONSE	CE OF):  CE OF):  ting in the un  OA OTHER OA INDUST.	26. PLACE OF 3: sing Home 5 - sing Home 5 - work? 1 - YES 2	e given in	Part i. 24a, WA PEI 1 YE 1 YE Sck only one)	S AN AUTOPSY REDRIMED? S 2 NO  OW INJURY OF	A CONTED	3 L  TERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
PART II. Other algnificent conditions  Examiner?  1 Yes 2 ND  27. Manner of Death  1 Natural 5 Pending  2 Accident 3 Suicide 6 Could not be determined	DUE TO  DUE TO  DUE TO  d.  DOES CONTributing to  DOES CONTRIBUTING TO  AMOUNT TO  AMOUN	CONSEQUENT OF AS A CONSEQUENT OF	CE OF):  CE OF):  ting in the un  OA OTHER OA INDUST.	26. PLACE OF 3: sing Home 5 - sing Home 5 - work? 1 - YES 2	e given in	Part I. 24a. WAPEI PEI 1 YE 1 YE PEI 1 YE PEI PEI PEI PEI PEI PEI PEI PEI PEI PE	S AN AUTOPSY REDRIMED? S 2 NO  OW INJURY OF	A CONTED	3 L  TERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 ND  27. MANNER OF DEATH  1 Returns 5 Pending Investigation and Suicide 6 Could not be determined.	DUE TO  C.  DUE TO  d.  DOES CONTributing to  DOES CONTributing to  DOES CONTRIBUTING TO  A CONTRIBUTION  DOES CONTRIBUTION  26a. DATE OF  (Month, De  26a. PLACE OF  building, 1	CONSEQUENT OF AS A CONSEQUENT OF	CE OF):  CE OF):  CE OF):  ting in the ur  OA 4 Nur  o. TIME OF INJURY	26. PLACE OF 3: sing Home 5 UNIVERSE 2 Ory, office	e given in	Part I. 24a. WAPEI PEI 1 YE 1 YE 1 YE 1 YE 1 YE 1 YE 1 YE 1	S AN AUTOPSY REPRIMED? S 2 NO  OW INJURY OC reet end number itate)  manner es sit	COLUMED  COLUMED  or or Rural Rout  inted.	3 L  ERRE AUTOPSY FINDING WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are substantially also as a sequence of the condition of the condit	DUE TO  DUE TO  DUE TO  DUE TO  d.  DOES CONTributing to  PROPERTY 2  25e. DATE OF (Month, De building, de building, de building).	CONSEQUENT OF AS A CONSEQUENT OF	CE OF):  CE OF):  CE OF):  ting in the ur  OA 4 Nur  o. TIME OF INJURY	26. PLACE OF 3: INJURY AT WORK? 1 YES 2 ory, office	e given in	Part I. 24a, WA. PEI 1 YE 1 YE 1 YE 1 YE 24b. Other (Specify) 28d. DESCRIBE HI 26f. LOCATION (St. City or Town, Sto the cause(s) end time, date and place	S AN AUTOPSY REPRIMED? S 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	COLUMED  OF OF Flural Flourated.  The couse(s) a	3 L  ERRE AUTOPSY FINDING WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
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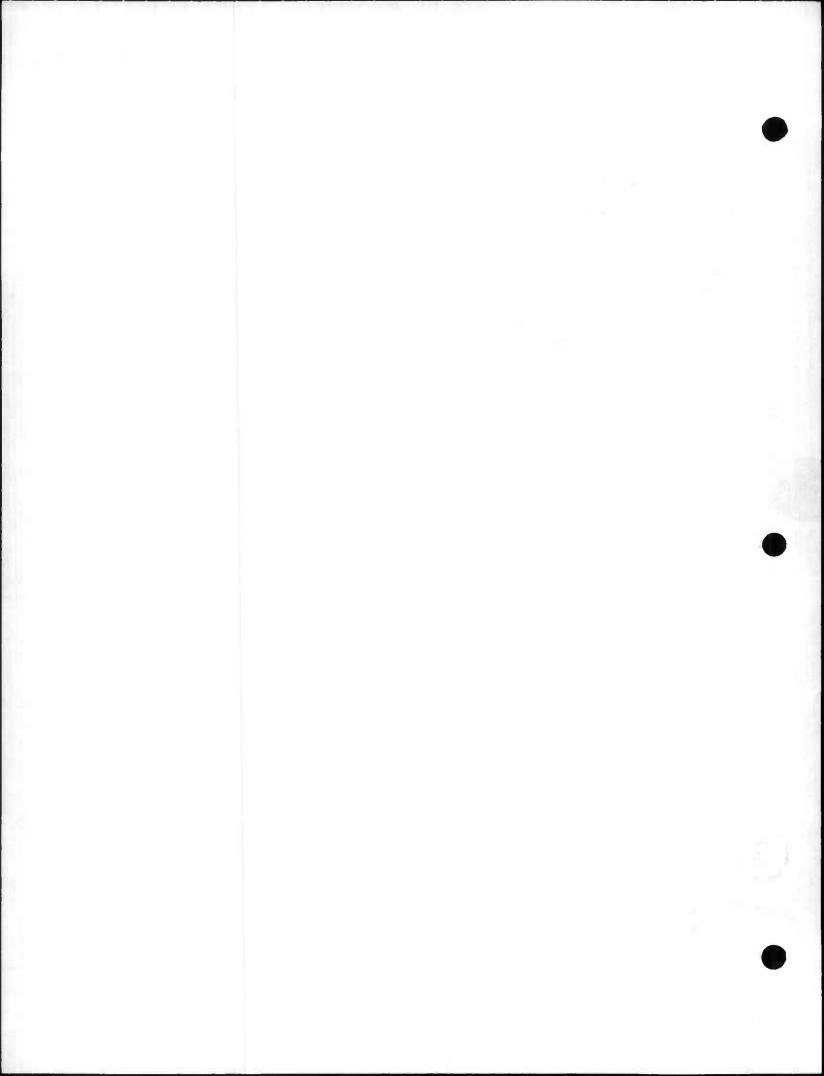
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		1 - STATE REGISTRAR	STATE OF MARYL		RIMENT OF H		IENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)	Colins	SM.			2. DATE OF DEATH MONTH D	1. 9.	2 4.00 A
-		4. SOCIAL SECURITY NUMBER 719-16-3877		(A yrs. last birthday) 5 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-14-192	27 No	BIRTHPLACE (State or Foreign Country) Orth Carolina
2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st		PITAL	9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
it. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	e George's		ry, town on Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2 XINO
nsit permit.	ERAL	100. STREET AND NUMBER 10505 Cedarville	Road Lot 10	<b>-</b> 9	101	2061:	3-7801		S. of A.
21215-0020 al or attending physician. for use as the burlat-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 XYES IF YES, GIVE WAR OR D WOLLD WALL I	N U.S. ARMED 2 NO	If yes, sp		C ORIGIN? (Specify Yes, Puerto Rican, etc.)	e or No 14.	RACE — American Indian, Black, White, etc. Specify: White
	PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		ast of working	166. KIND OF BU	SINESS/INDUST	
MARYLAND retained by the hospit 5 should be detached notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Concret	e Builde		Constru		
RYL ed by 1 ed be at	BE C	George W. Co	llins				ry Prisci]		
MAR retained to 5 should notified	2	190. INFORMANT'S NAME (Type/Print)  Edith Marie Collin	ns				oute Number, City or You		wine, Md. 20613
IORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION  ABurial 2 Cremation 3 Remo	201	PLACE AND DATE	OF DISPOSITION /N	ame of	DATE 20c LO	CATION - City	or Town, State
ALTIN death, Pag e funeral dir ii.		21. SIGNATURE OF JUNETIAL SETIVICE LIC	into the	Iylana v	22. NAME AI	ND ADDRESS OF FAC	Lee Fu	neral	Home, Inc.
BOX 68760, British is a hours after floate be executed within 24 hours after physician and completely filled in by the prior to burial, cremation, or removaler traumatic event, the medical	RTIFICATION	22. PAST I. Enter the diseases, or cashock, or haart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	ach line.	ng Cork	de of dying, such	as cardiac or respi	iratory arrest	Approximate Interval Between Onset and Death  /// w/on/h/S
S, P.O. death certi attending ental Hygie	CERTI	resulting in death) LAST							
w requires that the been signed by the pt. of Health and M 3 shows any inje	MEDICAL	Chris Obstruct  Olabeter Mellele	contributing to death be	Secre	in the underlyin	g cause given in F	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
VITAL AN: The law tificate has e State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X40	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
the the	PHYS	27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b, TII	E OF 28c, INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
	ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO	T.,		
S P P P P	ETED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spec	cify)	street, factory, offic		281. LOCATION (Street of City or Town, State)		Rural Route Number,
	COMPL	one) 2 MEDICAL EXAMINE							suss(e) and manner as stated.
TO THE FUNED be find within	TO BE	296. SIGNATURE AND TITLE OF GERTIFIER	KO			29c LICENSE NUM	52	D /2	GNED (Month, Day, Year)
5		HARVEY I'F	COMPLETED CAUSE OF DE	D (Type	5926 (	Vcosya	1 Rd	Clini	non MD
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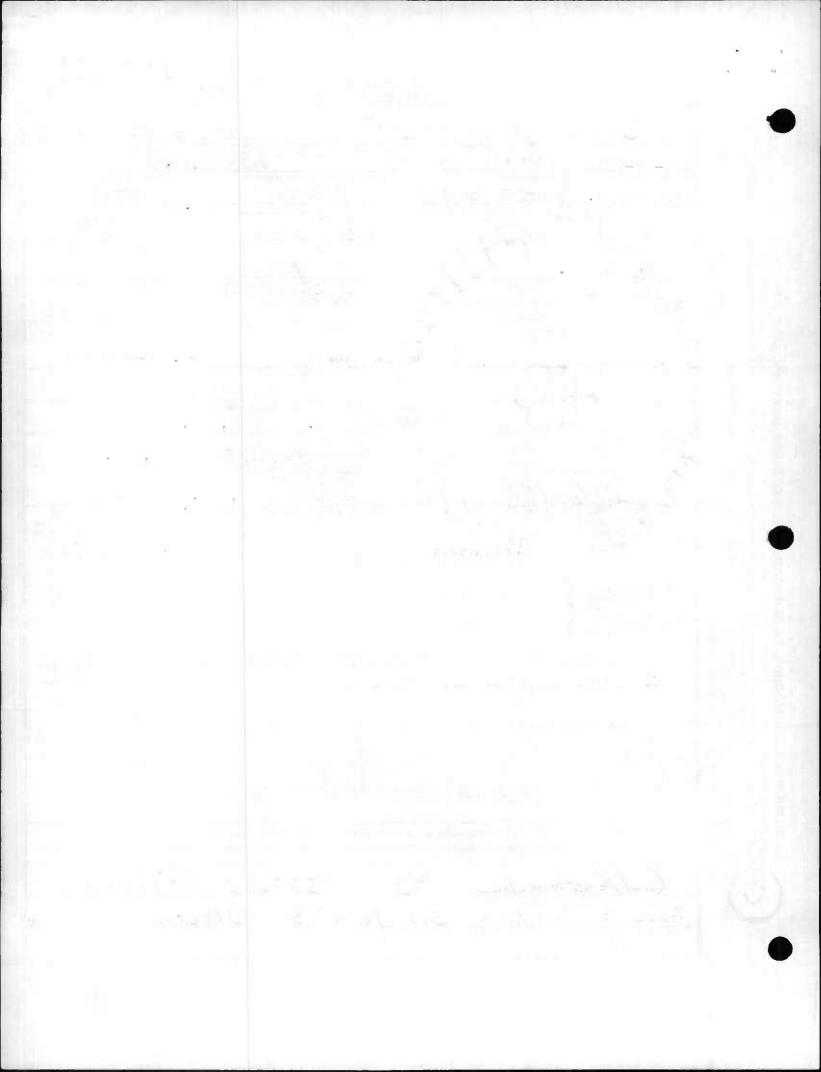
TAL MECONDS, T.O. BOX 93.00, BALLIMONE, IMANICAND 21213-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	don, or removal.	the medical examiner must be notified at once.
ON THE MECONDS, T.O. BOX 68100,	IN CALL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	INCERT DESIGNATION After this certificate has been signed by the attending physician and completely	mental matter math with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	ANT, if them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		SIATE OF N		CERTIF					ENIA	REG. NO.	E		
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27. MANNER OF DEATH		28a. DATE DF	INJURY	28b. T/A	AE OF	28c. IN.	URY AT	_		SCRIBE HOW II	NJURY OC	CURED	
	Pending Investigation	(Month, D	ray, 108/)	IN	JURY		PRK? YES 2	] NO					
2/ Accident 3 Suicide 6	Could not be determined	28s. PLACE O building,	of Injury — A	At home, farm,	street, fac	ctory, offic	•			CATION (Street a or Town, State)	and Numbe	r or Rural	Route Number,
Tondon only		SICIAN: To the bast of											
one) 2 🗆 ME	DICAL EXAMIN	ER: On the basis of s	xamination an	d/or Investigati	on, In my	opinion, c	leath occu	red at the ti	lme, date	s and place, an	d due to t	he cause(	s) and manner as stated
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. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birt		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		. BIRTHE	LACE (State or Foreig
232-56-7318	1 🗆 M 2 💢 F	89 Y	YRS. MONTHS	DAYS	HOURS MIN.		th, Day, Year)	1903	Country	WV
e. FACILITY NAME (If not institution, g	ive street and number)		9b. CIT	TY, TOWN C	R LOCATION OF			Bc. COUNT	Y OF DE	ATH
Garrett Co. M	lemorial Ho	ospital		08	akland			G	arr	ett
RESIDENCE OF DECEDENT										
		10	C. CITY, TOWN							10d. INSIDE CITY LIMITS?
WV	Tucker		NX	XEX	Davi	.S				TO YES 2 NO
0e. STREET AND NUMBER			( )	101	. ZIP CODE					HAT COUNTRY?
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1. MARITAL STATUS  Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2 NO	13.	If yes, sp	eNDENT OF HISP ecify Cuben, Mexi 2 NO Spec	en, Puerto	N? (Specify Yo Rican, atc.)	es or No—	4. RACE Black, Specify	American Indian, White, atc.
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8 <u>th</u>		h	ouse	keer	er		W	V. Sa	nat	orium
7. FATHER'S NAME (First, Middle, Last)			- 4	-	18. MOTHER'S P	AME (First,	Middle, Maide	n Sumame)		
Dar	Warner				Ar	ngie	Nine			
De. INFORMANT'S NAME (Type/Print)		19b. MA	AILING ADDRES	SS (Street a	nd Number or Run	l Floute Nun	nber, City or To	wn, State, Zip C	ode)	
Thelma Tur	ek	F	airfa	X Av	re. I	avi	s, WV	. 2	626	0
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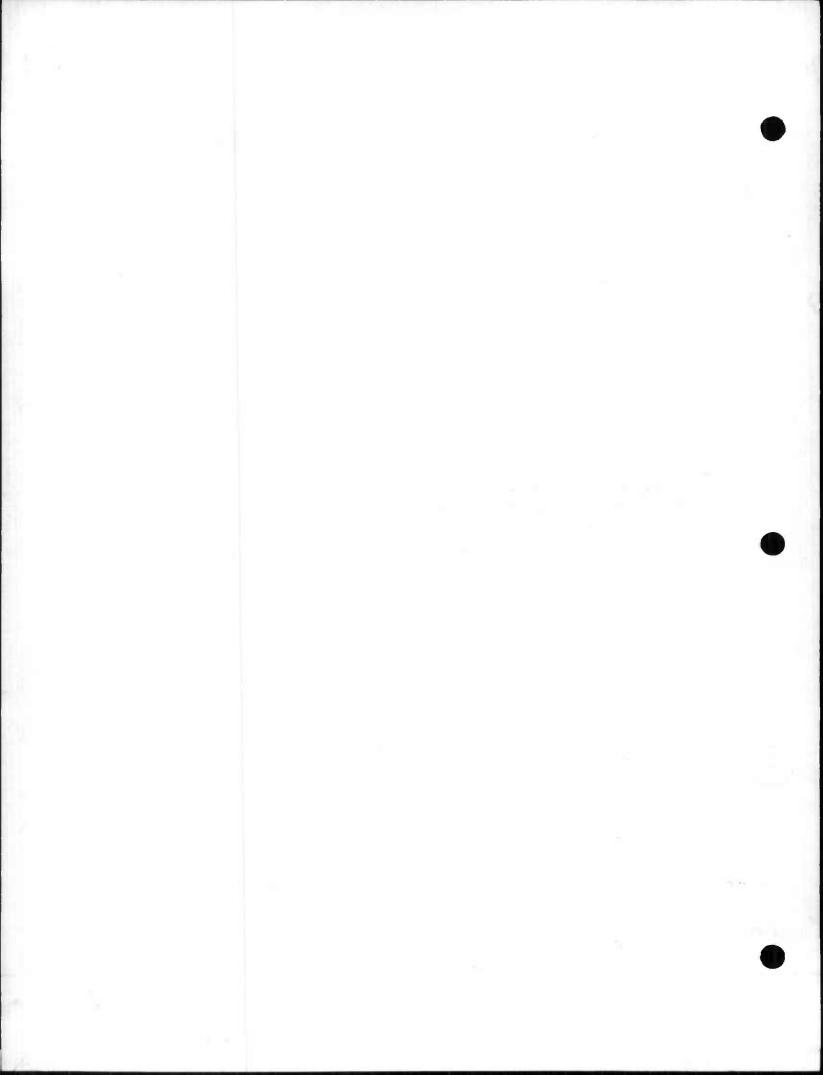
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH -92 WITH 2 Lucius : 25 A. - تعا DYE A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign March 16,1903 Nebraska 508-09-5485 89 1 X M 2 A F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Asbury Methodist Village Gaithersburg Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington, D.C. 1 4 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2813 31st Street S.E. 20020 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 20 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merrie 1 TES 2 KNO Specify: BY 3 Widowed 4 XXDivorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Meteorologist U.S. Government be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Dye Amanda Flisher 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Rita M. Boller 678 Discovery Ct. Davidsonville, MD 20e. METHOD OF DISPOSITION
X \( \text{M} \) Burlel 2 \( \text{Cormatton 3} \) Removal
4 \( \text{Donatton 5} \) Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Cedar Hill Cemetery 12/29/92 Suitland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 4308 Suitland, RI Marshall's Funeral Home, Inc. Suitland, MD 201746 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) Broncho precemowa other traumatic event, DUE TO (OR AS A CONSEDUENCE OF): ardio sos culos Decage CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF) that initiated events resulting in death) LAST 6 any injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE State Dept. of Health at Item 23 shows any 1 | YES 2 200 OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, ST. 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO After the BY 26a. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide of COMPLETED 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) FUNERAL DIRECTOR: / Item 28 4 Homicide 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated TO THE HOSPITAL TO THE FUNERAL IDE filed within 72 h 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 95 auber 0085 1-66 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1992 Fine Dandson-Randell

eber

on

8-218 Wisconsh



DIVISION OF WAL RECORDS, P.O. BOX 68760,

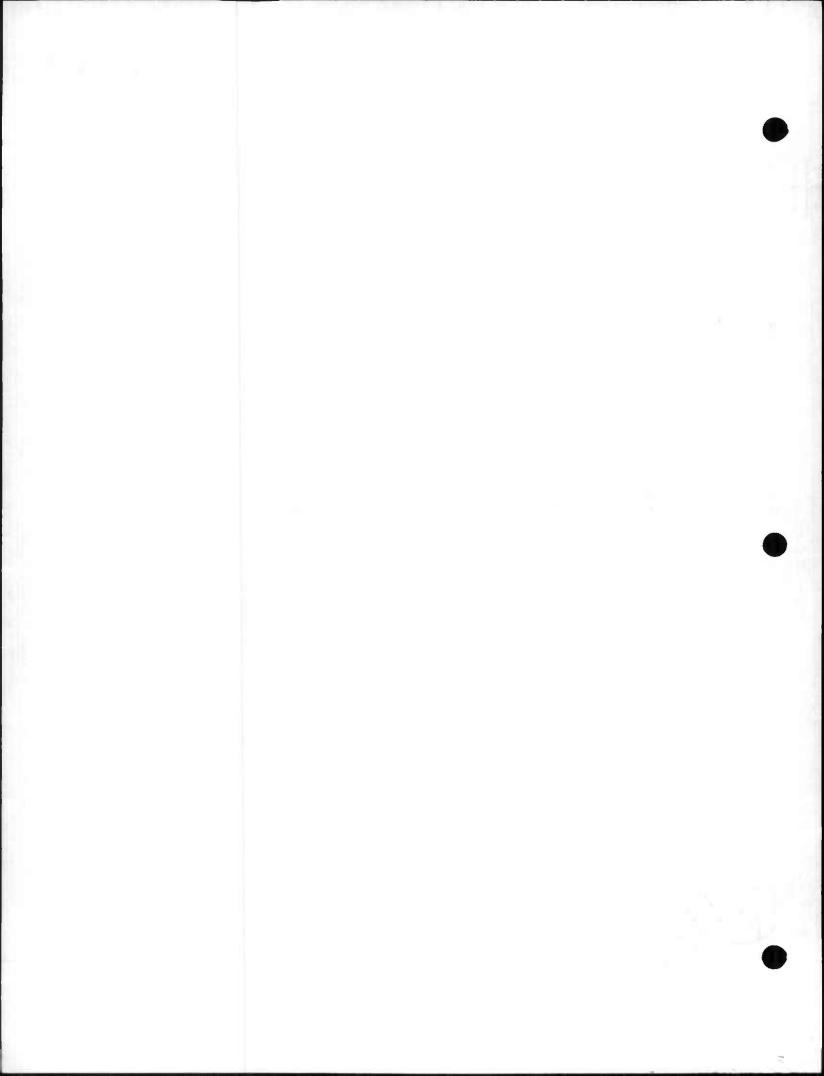
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OF ATENDIA'S PHYSICIAN TO THE FUNERAL DIRECTOR. A per signed by the affecting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGIOTIVAL		CI	-1111111	CATE	PULATH	HEG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH D	AY YEAI	3. TIME OF DEATH
	Rowena M. Da	1					Dec. 21	1992	4:15 PM ™
		5. SEX 6.	AGE (In yrs. las	"	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. Bill Co	RTHPLACE (State or Foreign untry)
	495 01 9981		75	YRS.			Oct. 28 1		klahoma
00	9e. FACILITY NAME (If not institution, give t			1	9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH
DIRECTOR	4914 RockySpring	Lane			Bowie	99		Prince	e George's
1	10e. STATE 10b. COUNT	Y		10c, CITY,	TOWN OR LO	CATION			10d. INSIDE CITY
5	Maryland Prince	e George's		Bo	wie				LIMITS?
¥	10e. STREET AND NUMBER					101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	4914 Rocky Sprin	g Lane				20715		United	States
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT ET	VER IN U.S. AR	MED	13. WAS [	DECENDENT OF HISPAI apacity Cuban, Maxica	NIC ORIGIN? (Specify Ye	or No- 14. R.	ACE — American Indian, lack, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	o		ES 2 K NO Specif			nacily:
	15. DECEDENT'S EDU	CATION			1				White
ETE	(Specify only highest grade	completed)	/G	ive kind of wo	SUAL OCCUP! ork done during retired.)	most of working	16b, KIND OF BU	SINESS/INDUSTR	Y
1	12	College (1-4 or 5+)	1000	omema	100		Over	Home	
Once.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden		
E O	Not Available						Belle Jea		
2 0	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING A	ADDRESS (Street		Route Number, City or Tow		
10 10	Alan Dapsauski			9206	Broadw	ater Driv	e Gaither	sburg M	d. 20879
2	20a. METHOD OF DISPOSITION XIX Burial 2 Cremation 3 Rem	and to a Chit	20b. PLACE	NDDATEDE	DISPOSITION			CATION — City or	
Ē	4 Donation 6 Other (Specify)		Washi	matory or other ngton	Natio	nal Cemet	ery	Suit1	and Md.
E E	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		5	22. NAME	AND ADDRESS OF FA	CILITY		
Бха	Kolunt &	Chrim	2 7	nen			Funeral Ho		
Ca	23. PART I. Enter the diseases, pr	complications that ca	used the de	ath. Do no	t enter the	mode of dving, suc	lis Rd. Bo	wie Md.	Approximate
E .	shock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause	on each line			ensyll hene see			Interval Between
#	disease or condition	· Car	1 - 2 - 2 - 2	w	w/th	no les			Onset and Death
event, the	resulting in death)	DUE TO (DR	AS A CONSEC	DUENCE OF):		4 run	y		
							•		
CATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR	AS A CONSEC	DUENCE OF):					
E 2	CAUSE (Disease or injury	c							
or other	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEC	DUENCE OF):					
	Todaking in death) Exist	d							
Injury,	PART II. Other significant condition	s contributing to dea	th but not n	esulting in	the underly	ing cause given in	Part I. 24a. WAS AN	AUTOPSY 2	24b. WERE AUTOPSY FINDINGS
any Inju	Congestion	Meant	Faile	w			PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
\$ W	Christer	stertre	eatur	1000	lone	you Des	1 D YES 2	LUMO .	OF DEATH?
g ₹					~ INCE!	4.00	<u>u</u>		1 YES 2 ND
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (Ch	eck only one)		
Sich	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER	/Outpatient 3		OTHER:	ome 5 Residence			
H G	27. MANNER OF DEATH	26e. DATE OF INJ	URY	28b. TIME	OF 28c. I	INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED	
market BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, )	eur)	INJUI		WORK? YES 2 NO			
	3 Suicide 6 Could not be	26s. PLACE OF IN building, etc.	JURY — At ho	me, farm, str	eet, factory, of	ffice	261. LOCATION (Street		al Route Number,
	4 Homicide determined	bertaning, etc.	(ороспу)				City or Town, State)		
MPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, de	eth occurred	at the time, di	ate and place, and due	to the cause(e) and man	oner as stated.	
= 5									e(s) and manner se stated.
MPORTANT:	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUI			IED (Month, Day, Year)
N N N	David m. B	oldman	m	10.		D042-	14	12/2	1.6-1 -
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITER	1 27) (Type, F	Print)	1-3-1-3		10/2	17
1	B David U.	Goldma	LIT		- 4	inoverPk	my Grea	abolt	MD 26770
	31. DATE FILED (Mopple, Day, Par) 1992	an projectnanie		2.1.00	10000		.010	- AVICE	110 000 110
	DEC 3 1 1992	genarla	u4disen-1	Janasee	-				



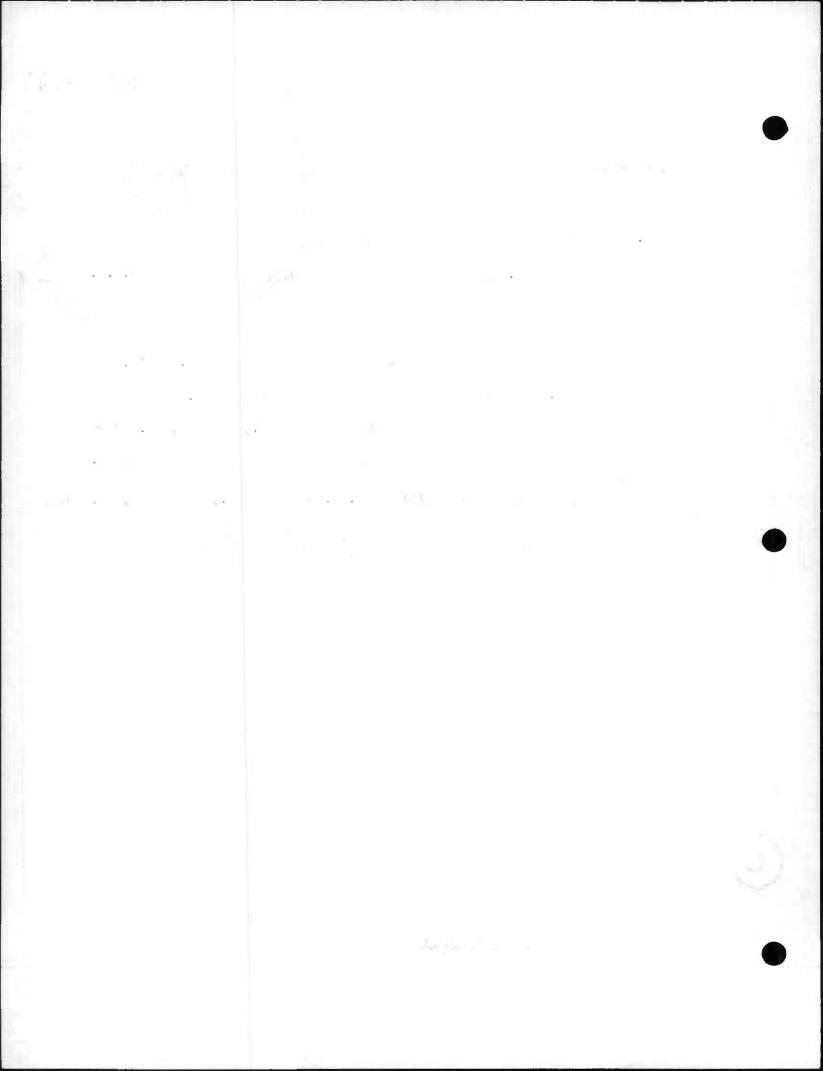
FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

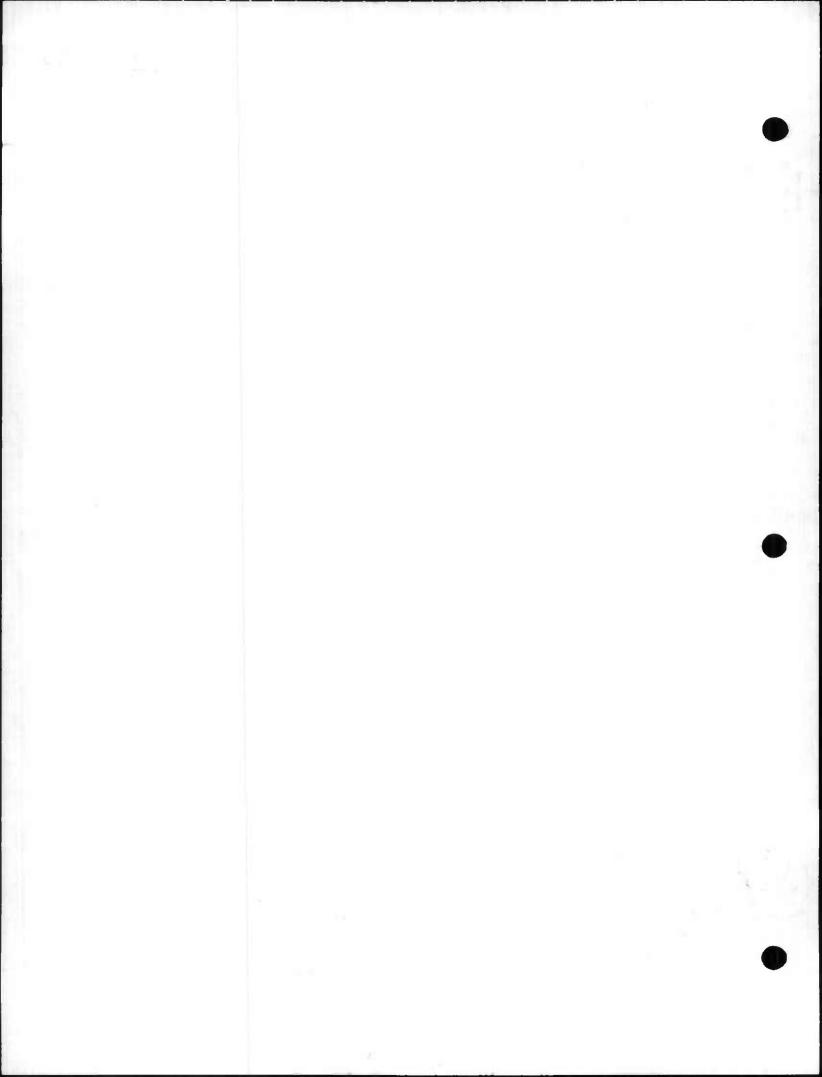
. 1	1. DECEDENT'S NAME (First, Middle							1.1	MOI	E OF DEATH	AY	YEAR 3.	TIME OF DEATH
	ELLEN		GINIA	DAY		_			Dec	ember	24, 19	992	4:45
	4. SOCIAL SECURITY NUMBER		s. SEX	6. AGE (In	yrs. last birthday,	IF UNDE	DAYS	IF UNDER 24 HF	79.4-	E OF BIFTH	6	Country)	ACE (State or Fore
3	578-44-9081		1 □ M 2 😾 F	62	YRS.					RIL 19	1930	MA	RYLAND
.	9a. FACILITY NAME (If not institutio					9b. CIT	Y, TOWN	OR LOCATION O	F DEATH	100	9c. COUNT	Y OF DEA	TH
DIMECTOR	Doctors Commi		y Hospit	tal			Lanh	am			Prin	ice G	eorge's
נ		COUNTY			10c. CI	TY, TOWN	OR LOCA	ATION				10	Dd. INSIDE CITY
	MD. I	PRINC	E GEORG	ES		RIV	/ERD	ALE					LIMITS?
	10e. STREET AND NUMBER							M. ZIP CODE			10g. CITIZE		AT COUNTRY?
LONGUAL	5309 RIVER	RDALE	RD. #5	121				2073	7			U.S.	Α.
5	11. MARITAL STATUS	1	12. WAS DECEDEN	T EVER IN U	J.S. ARMED	13.	WAS DE	CENDENT OF HIS	PANIC ORK	MN? (Specify Yes		4. RACE -	- American India
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													WHITE
	15. DECEDENT (Specify only highe				(Give kind of	work done	durina m	ION lost of working	1	Bb. KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)		College (1-4 or 5	+)	ille. Do NOT					-			
COMPLE	12 17. FATHER'S NAME (First, Middle, I	10			DE	CRETA	IKI				GOV	T.	
			CADT	101				18. MOTHER'S		, Middle, Maiden			
N N	ILOYD  19a. INFORMANT'S NAME (Type/Pri	A.	CARL	æ.	405 404 111	0.400050	0.404		LEON		MULL		
2	JOELLEN DAY							end Number or R					00
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	1 Buriel 2 Cremation 3		al from State	cemete CIT	AMBERS	other place	SITION	Dar 1	. 1 .		VERDAL	•	
	21. SIGNATURE OF FUNERAL SER		der	- 1 011	MINDENS			IND ADDRESS OF		177	ידאלתעופו	يال والله	υ.
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	0.	To M	reta	th line.		Ca	nef.	of 1	ny du	iratory arres		interval B
RTIFICATION	disease or condition	6. d.	DUE TO	OR AS A CO		OF): OF):	ea	weff	of 1	ny de	el el	,	Approximatinterval Be Onset and
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BALTIMORE, MARYLAND 21215-0020

PIVISION OF VITAL RECORDS, P.O. BOX 68760, (



		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL	HYGIENI REG. NO.	E			
	1	1. DECEDENT'S NAME (First, Middle, Lest)	OND DOI	MIAN			2. DATE O			7EAR 2.1	TIME OF DEATH	
2		4. SOCIAL SECURITY NUMBER 198-28-5692	1XM2□F 53	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE (Month,	Day, Year)	30	Country)	CE (State or Foreign	
2, 3 should	CTOR	9a. FACILITY NAME (II not institution, give 4919 Nicholson S			9b. CITY, TOWN OR LOCATION OF DEATH Riverdale				Prince George's			
permit. Pages 1,	DIREC	10a. STATE 10b. COUNT  Maryland Print	r ce George's		y, TOWN OR LOC	CATION					LINSIDE CITY LIMITS? YES 2 NO	
isi	A P	10a. STREET AND NUMBER 4919 Nicholson S			1	20737			U.S.	N OF WHAT	COUNTRY?	
21215-0020 I or attending physician. for use as the burlal-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, QIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yill yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 X NO Specify:					
12 e 2	LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	DENT'S USUAL OCCUPATION kind of work done during most of working o NOT use retired.)  16b. KIND OF BUSINESS o NOT use retired.)							
	COMPL	12th Grade 17. FATHER'S NAME (First, Middle, Last)	3 Years	Constru	18. MOTHER'S NAME (First, Middle, Maiden				ok Construction Summere)			
MAR retained 5 should totified	TO BE	Stanley Domianic  19a. INFORMANT'S NAME (Type/Print)  Beverly Armstron		Stella  Stella	Route Number	er, City or Town	. State, Zip C	ode)	-			
ALTIMORE, death. Page 6 may be tuneral director. page al. examiner must be		Beverly Armstrong 12805 Kemper Lane, Bowie, MD 20715  20a. METHOD OF DISPOSITION 1 Burlet 2 12 Cremetton 3 Removal from State 4 Donatton 5 Other (Speaky)  20b. PLACE AND DATE OF DISPOSITION (Name of Crematory of other place).  Metropolitan Crematory 1/1/93 Alexandria, Virginia										
		21. SIGNATURE OF FUNERAL SERVICE U	CENSEE		Franc 4739	and adoress of F	's Son	ns Fun	eral	Home,	P.A.	
in 24 hours by filled in thation, or rei		23-PART L Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIO:	ach line.	IONAR			ec or respir	atory arres	t,	Approximate interval Between Onset and Death	
DS, P.O. BOX 68760, the death certificate be executed with the attending physician and complete d Mental Hygiene prior to burial, creminjury, or other traumatic event.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c		ONSEQUENCE OF):							
RECOR requires that seen signed by of Health an shows any	MEDICAL	PART II. Other algorificant condition	na contributing to death be	ut not resulting	in the underlyi	ng cause given in		24a. WAS AN A PERFORI 1 YES 2	MED?	COA OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?  YES 2 NO	
TAL The law ite has the dept are Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	etion 2 [] BOA	OTHER:	PLACE OF DEATH (C				<u> </u>		
	ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b, T/A	IE OF 28c. IN	NJURY AT WORK?		(Specify) CRIBE HOW IN	JURY OCCU	RED		
VISIO ATTENDI ECTOR A s after de 1 28 ls	ETED B	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, off	ice		TION (Street ar Town, State)	nd Number or	Rurel Route	Number,	
18 3'E =	COMPLE		ICIAN: To the best of my knowle ER: On the basis of examination								menner as stated.	
TO THE PUNET	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	(DME)			D 25	12.5		h = 45	e 27	ith, Day, Year)	
And the second second	,  -	30. NAME AND ADDRESS OF PERSON WITH	#205,77	20 WIS	CONSIN	Ave, Bel	Wesda	-Md 2	1084	986	-4123	
		JAN 0 5 1993	32. REGISTRAN'S SIGN	ndell								



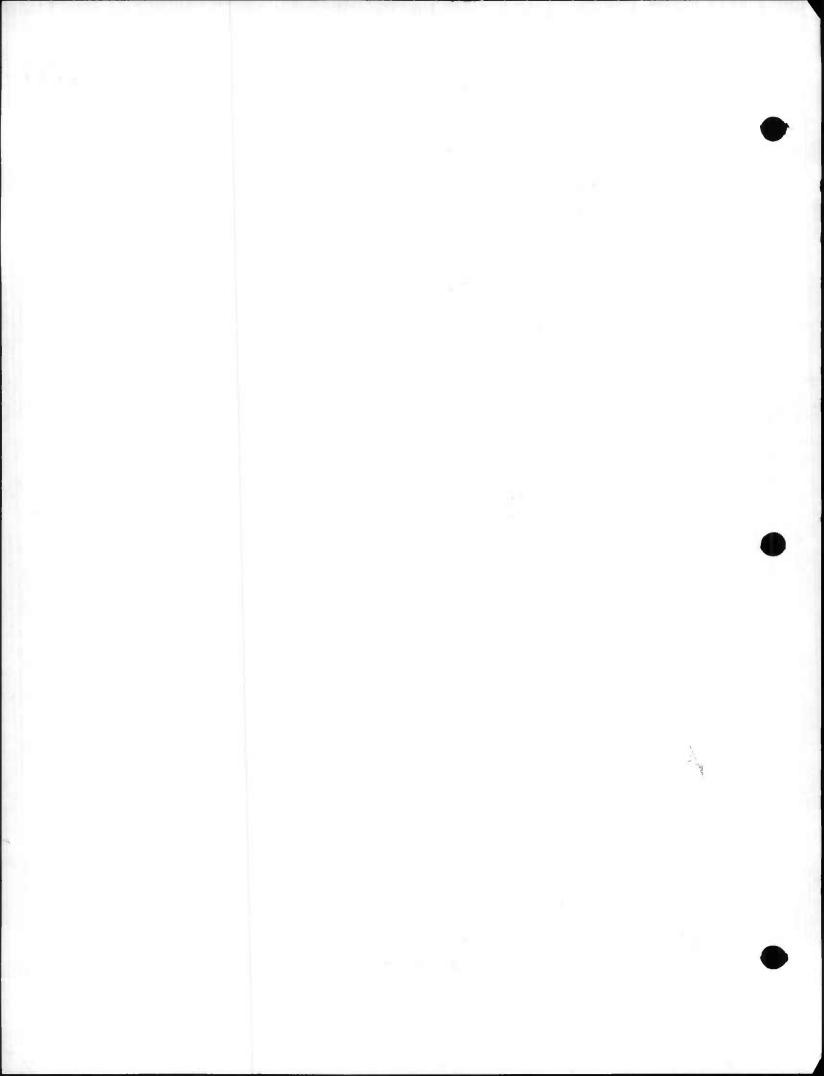
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HISPITAL (B. A. FRICH DIVISION). The law requires that the death contact.

31. DATE FILED (Month, Day, Year)

DEC21

	Pages		
HILL AND REPAYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FECTION miles this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
y the hospital o	be detached for		and once
y be retained b	page 5 should		he notified
ath. Page 6 ma	meral director, p		aminer much
hours after de	ied in by the fu	, or removal.	madical av
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rtificate be exer	ng physician an	liene prior to b	ther trauma
at the death ce	by the attendir	and Mental Hyg	v injury or o
law requires th	is been signed	ept. of Health	23 shows an
HYSICIAN: The	ils certificate hi	with the State D	med or hem
ATENDARY P.	ECTORAMISE III	or after death w	n 28 le mark
ac i	ME.	-36	1 5

	1. DECEDENT'S NAME (First, Middle, La		JACOB 1	DAUGHE				2. DATE OF DEATH DAY 12 20		EAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.		ACE (State or Fore	
	214-10-3552	1X M 2   F	84	YRS.	MONTHS DAYS HOURS MIN. (MONTH, DBY, Tear) 4-6-1908 Pennsylvan:						ylvania	
- 1	Sa. FACILITY NAME (If not institution, gir	e street end number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					гн		
OR	Frederick Memo:		tal		Frede	rick			Fred	eric	k	
ЕСТО	RESIDENCE OF DECEDENT  10a. STATE  10b. COU			40- OITY								
DIRE	L.M. Line and Control of the Control	derick		Mr.	ederick						Id. INSIDE CITY LIMITS?  YES 2   N	
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Ē	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5	Aller Aller	i. Do NOT use	of work done during most of working Tuee retired.)							
4	11 years		Pe	ersonn	nel Mar	ager						
COMPL	17. FATHER'S NAME (First, Middle, Last)					1	IER'S NAM	E (First, Middle, Maiden	Sumame)			
EC	Charles N. Daug			Mar	v Ma	ud Solt						
0	19a. INFORMANT'S NAME (Type/Print)	b. MAILING A	Mary Maud Solt  G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
5	Kathryn V. Daugl	Motter Avenue Frederick, Maryland 21701										
	204. METHOD OF DISPOSITION		DISPOSITION		rre		CATION - CIN					
	1 Donation 5 Other (Specify)	emoval from State	cemetery cre	emetory or othe	or nlace)		,					
	21. SIGNATURE OF FUNERAL BEHVICE	LICENSEE	Resti	naven	Memori	AND ADDRES	rden	s 12/23 F	rederi	ck.	Marylan	
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	immediate Cause (Final disease or condition resulting in death)  Due To (dit as a consequence of):											
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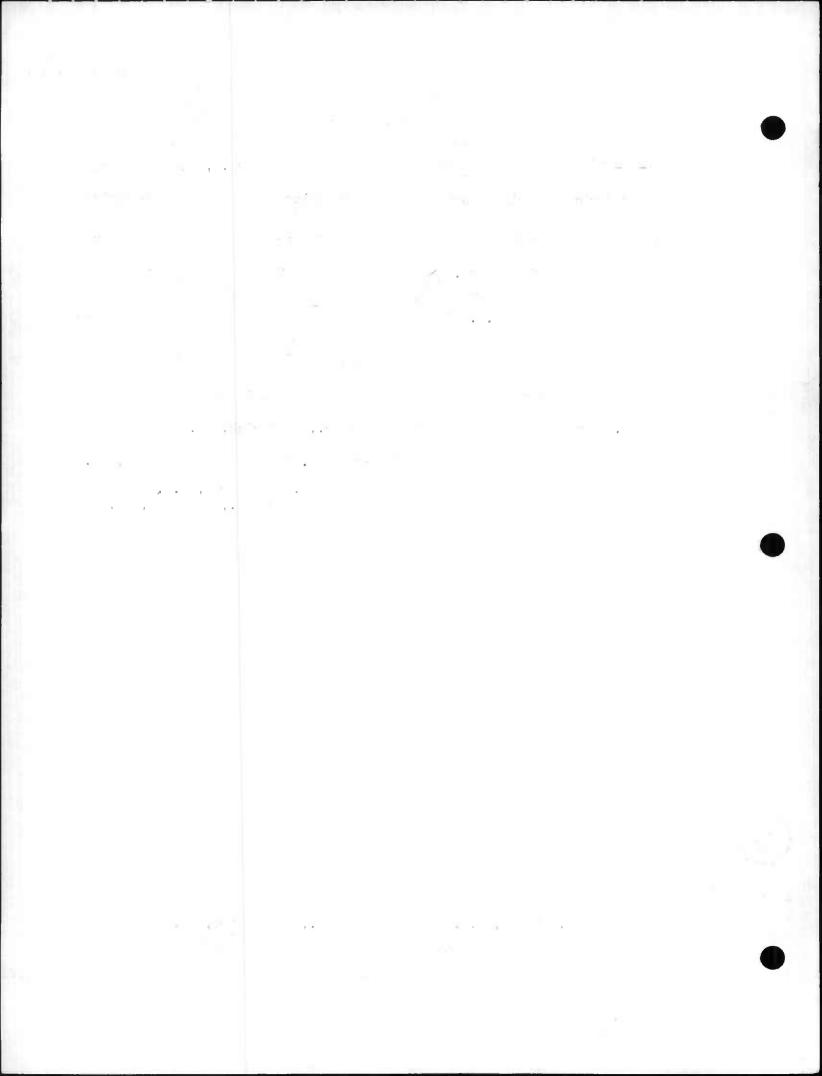


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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 12/21/92 3. TIME OF DEATH A MONTH 2 2 92 0425 M Augustus Augustus Dorsey Welton 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign oct. 2, 1920 Maryland 212-16-4369 1 04 2 F Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Frederick Frederick Memorial Hospital Frederick RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Mount Airy 1 X YES 2 | NO use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21771 804 Ridgeville Blvd. USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 27 NO Specify: BY 3 Widowed 4 Divorced Black W.W. II COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Trackman Railroad once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Ollie Holsey Ħ Rodney Dorsey 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Leon L. Dorsey 24 Sagner Dr., Frederick, Md. 21701 24 hours after death. Page 6 may be pe 20s. METHOD OF DISPOSITION

1 Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must Pleasant Grove Cem. 12/24/92 Damascus, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal, Olin L. Molesworth, P.A. 90 26401 Ridge Rd., Damascus, Md. 20872 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Betwe б IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, o traumatic event, the disease or condition alenozará resulting in death) DUE TO (OR AS A CONSEQUENCE OF): burial. CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING physiclan **CAUSE** (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST 6 Mental h Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t 23 shows any 1 YES 2 HO 1 YES 2 NO has been of P PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem certificate State HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 - Nursing Ho me 5 🗆 Residence 8 🗆 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED with 1; Natural this 1 YES 2 NO BY death 2 Accident After 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 69 6 Could not be determined COMPLETED 朝 Item 28 4 Homicide CERTIFIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. TO THE FILE OF THE PARTY TO THE FILE OF THE 2 . Matical Examiner: On the beele of examination end/or investigation, in my opinion, death occursed at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER B 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 026 12-21-92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ronald E. Miller, M.D. 4 Culwell Dr., Mount Airy, Md. 21771 DEC 2 8 19 32. REGISTRAR'S SIGNATURE Julia Sairdson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

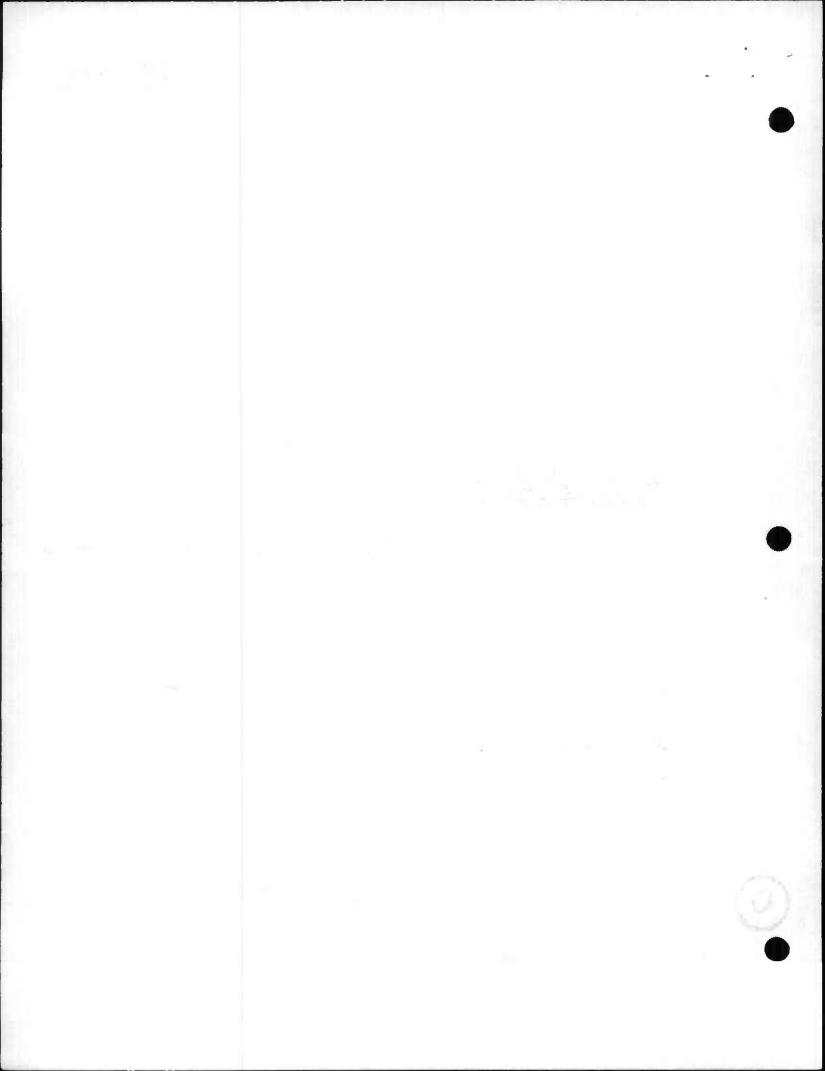


DIVISION OF VITAL RECORDS. P.O. BOX 68760.

ì	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after	TINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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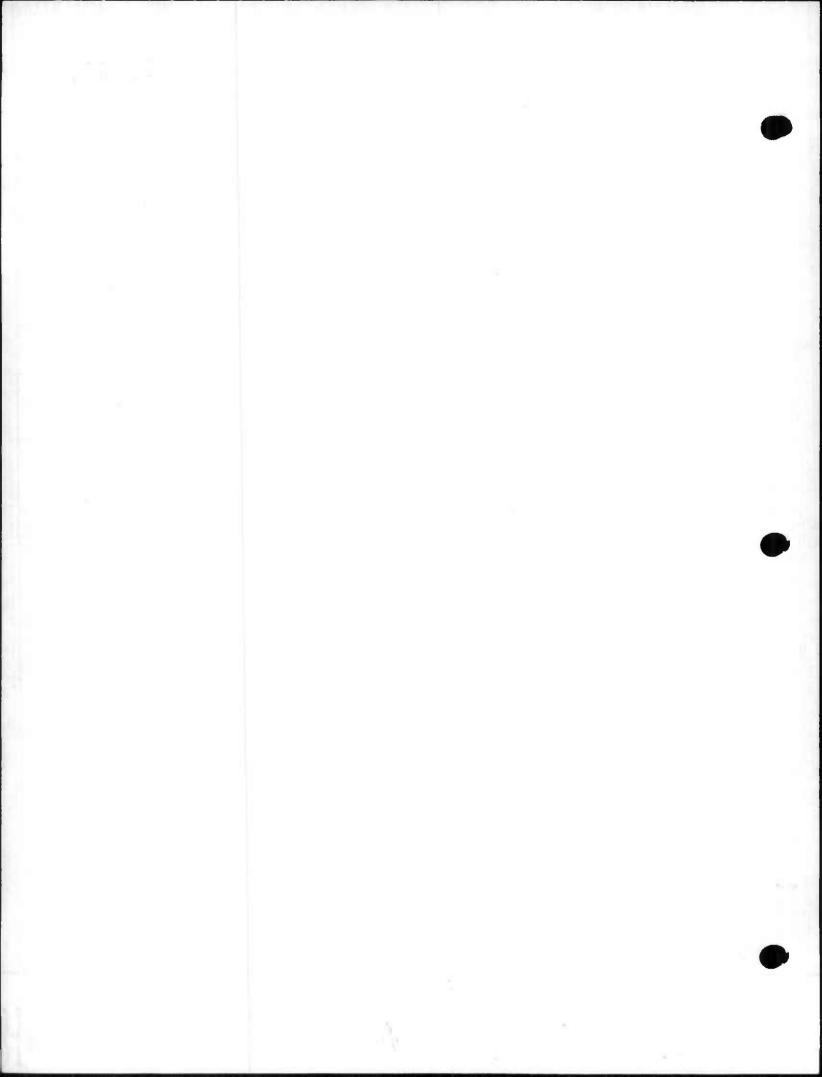
death. Page 6 may be retained by the hospital or attending physician. Indeed to should be detached for use as the burial-transit permit. Pages 1, 2, 3 should THE PUNE DAY, UNEXULD. Aller time definingers has overly agreed by an exempting proposed and a very property of the property o

•	1 - FOR STATE REGISTRAR	STATE OF MAI				EALTH AND	MENTA	HYGIEN REG. NO	_	7	0140	3
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEA	TH
	Charles	Daniel		Dav	is, Sr		Dece	ember	20, 19	92	3:21	Ам
	4. SOCIAL SECURITY NUMBER 219–16–0580	5. SEX 6	AGE (In yrs. lest bir		OTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	OF BIRTH Day, Year) 2, 1		BIRTHPLACE (State or Foreign Country) Maryland		oreign
	Se. FACILITY NAME (If not institution, give					R LOCATION OF D			9c. COUNT	Y OF DE	ATH	
DIRECTOR	St. Mary's Hospi	tal		_	Leonard	dtown,	St. Mary's					
딦	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Υ	T <sub>w</sub>	ne CITY TO	WN OR LOCAT	TON .					44.4 44010 01	
E			"		Lywood						10d. INSIDE CIT LIMITS? 1 YES 2 2	
	Maryland St	Mary's		110.1.	-	. ZIP CODE			100 CITIZE		AT COUNTRY?	NO
FUNERAL	Rt. 3 Box 677					20636			U.S		IAI COUNTINIT	
3	11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. ARMED	)	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Yes			- American Indi	an
	1 Never Married 2 Married	FORCES? 1 V	YES 2 NO		If yes, sp	2 NO Specific	en, Puerto I			Black, Specify:	- American Indi White, etc.	<b></b> ,
BY	3 Widowed 4 Divorced	World Wa	ar II			- Nio descu	·,·		- 1	Whi		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECED	ENT'S USU	AL OCCUPATIO	N st of working	16b.	KIND OF BU	SINESS/INDUS	TRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do	NOT use rei	ired.)			** 0				
M	8th Grade	· · · · · · · · · · · · · · · · · · ·	Stor	e Ke	eper				Gover	nme	nt	
	17. FATHER'S NAME (First, Middle, Last)  Louis Danie	el Day	vie			18. MOTHER'S NA Frances		Ruth		Ne	wton	
BE	19e. INFORMANT'S NAME (Type/Print)	51 101		A III IN IO A DO	0500 (0)						WCOII	
2						nd Number or Flural					c	
	Frances C. Davis		20b.PLACE AND			, Hollyw	DATI		CATION - CH	063		
1	1 N Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	loval from State	St. JOh				23/92				Marylar	nd
	21. SIGNATIONE OF FUNERAL SERVICE LA	CENTREE //	001			D ADDRESS OF FA		- 110	LLJ NOC			-
- 1	The 1 04	40	-		Matti	ngley-Ga	rdine	er Fun	eral F	Iome	, P.A.	
$\dashv$	22 BART / Fater the discourse	Farais	rev		P.O. 1	Box 270.	Leor	nardto	wn. Ma	ryl	and 20	0650
	23. PART i. Enter the diseases, or shock, or heart fellure.	List only one cause	on each ilne.	. Do not e	enter the mo	de of dying, suc	ch ss cerd	lac or respi	ratory srres	t,	Approxim	
1	IMMEDIATE CAUSE (Final disease or condition	Are	R	m	1000	11 -	0	7	0	6	Onset and	d Death
	disease or condition resulting in death)  a. Due to (OR AS A CONSEQUENCE OF):											
z I	Sequentially list conditions, b. Dur to on as a consequence of											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUE	NCE OF):								
<u> </u>	CAUSE (Disease or injury	C	AS A CONSEQUEN	HOE OF								
	that initiated events resulting in death) LAST	DOE TO (OR	AS A CONSEQUE	NUE OF							i	
핑		d									1	
A	PART II. Other significent condition	s contributing to des	th but not reau	iting in th	e underlying	csuse given in	Part i.	24s. WAS AN PERFOR			VERE AUTOPSY F	
PHYSICIAN: MEDIC	Diabetes							1 TYES 2	-	0	COMPLETION OF	10
W I											YES 2	NO
ż												
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-		ACE OF DEATH (Ch	eck only on	0)				
XSI	YES 2 [ NO YES	1 - Inpatient 2 DER			HER: Nursing Home	5 - Residence	6 🗆 Other	(Specify)				
표	27. MANNER OF DEATH  1 Naturel 5 Pending	(Month, Day, Ye		b. TIME OF INJURY		RK7	28d. DES	CRIBE HOW II	NJURY OCCUP	RED		
à I	2 Accident Investigation	50 51 105 05 11				ES 2 NO						
3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)									ute Number,			
COMPLET	29a. CERTIFIER				V: 1/1							
MP	(Check only	ICIAN: To the best of my I										
ဗ ူ		ER: On the basis of examin	P. C.	ruganion, in	my opinion, de	eath occured at the	time, date	end place, en	d due to the c	euse(s) (	end manner ee s	tated.
닒	296 SIGNATURE AND TITLE OF CERTIFIE	1 sty				29c. LICENSE NUI	MBER 2		29d. DATE S	IONED (A	Worth, Day, Year)	
2	38. NAME AND ADDRESS OF PERSON WH	O COMPLETED OFFICE	E DEATH STEW	Vanc Oi	1	VB	250		1	42	-1/92	-
	David C. Allen,		Leonard			land 20	650			(		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE Davidson-R	andell								
- 1	250 05	- 1		,								1



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-	THE HOSPITAL OR ATTEXONG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
NO NOISION OF	THE HOSPITAL OR ATTENDING PHYSIC	THE FUNERAL DIRECTOR; After this ce filed within 72 hours after death with to	In C. C
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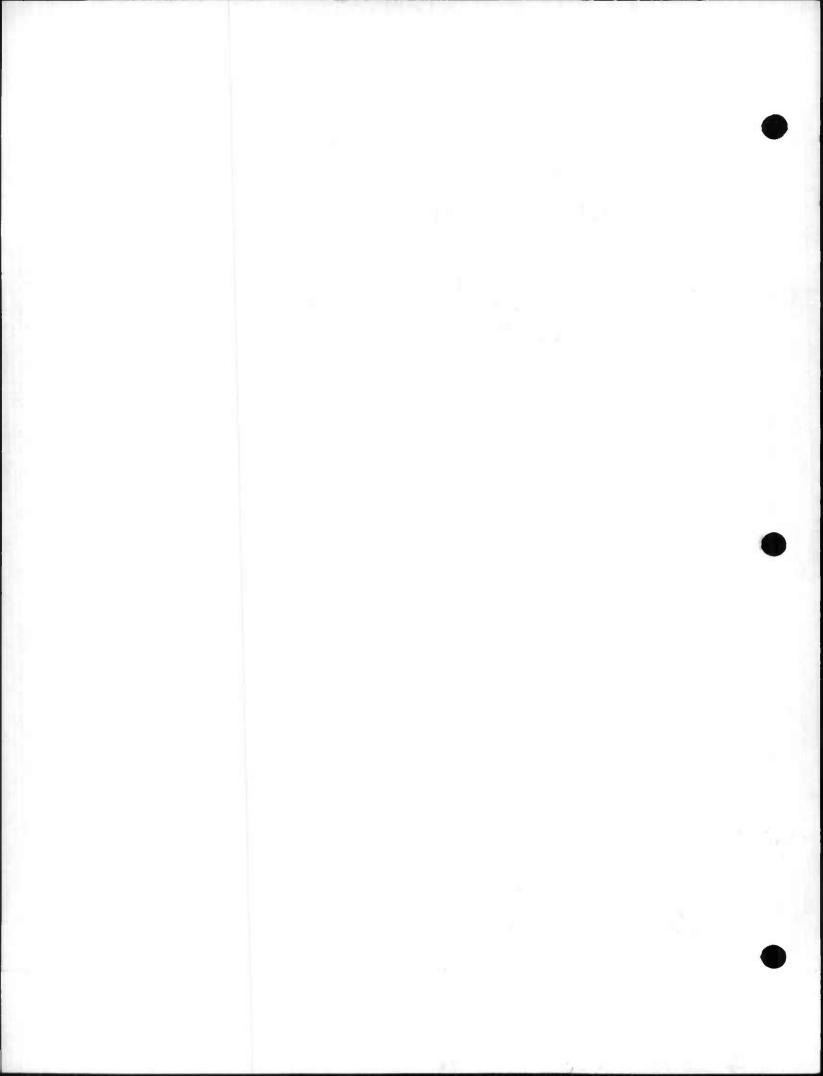
	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /		ITMENT				MENTAL	HYGIEN	E	2	38149
	1. DECEDENT'S NAME (First, Middle, Last)	DEAN							2. DATE	OF DEATH		YEAR 92	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 578–18–4017	5. SEX 2∕2∑M 2 ☐ F	6. AGE (In yrs. les 76	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF	PERMITH (CALLY)	12, 19 P(yrity) Virginia		
<u>«</u>	Se. FACILITY NAME (If not institution, give	street and number)	SPITAL		9ь. СІТҮ,	TOWN OF						NTY OF DE	0
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	y //G	SPITAL	I soc CIT	Y. TOWN DE	- M		10n					
	) îs:	4			ashin			.C.					10d. INSIDE CITY CLIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1111 10th Street, S.E.							200	03			U.S.	A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HI  14. POPULATION OF ARMED If yea, specify Cuban, M						ın, Mexica	ican, Puerto Rican, etc.)			14. RACE - Black, Specify	- American Indian, White, etc. Black
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ive kind of	USUAL OCC			ng	16b.	Feder	siness/ind	USTRY OVE170	ment
COMPLET	Elementary/Secondary (0-12) 11th grade	College (1-4 or 5		Supply Officer							y Station)		
BE CO	17. FATHER'S NAME (First, Middle, Last)  John Dean								ailey	iddle, Maiden	Surname)		
TO E	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)  Mrs. Arlene M. Jackson (Daughter) 4417 23rd Place Temple Hills, Md. 20748												
must be	20s. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of contract of the plants)  20c. PLACE AND DATE OF DISPOSITION (Name of contract of the plants)  20c. PLACE AND DATE OF DISPOSITION (Name of contract of the plants)  20c. PLACE AND DATE OF DISPOSITION (Name of contract of the plants)  20c. PLACE AND DATE OF DISPOSITION (Name of contract of the plants)										ocation - city or town, state Suitland, Maryland		
examiner												.c. 20019	
or other traumatic event, the medical examiner must be notified at once.  FRTIFICATION  TO BE COM	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF)												
ATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING												
y, or other traumatic	CAUSE (Disease or injury that initiated events resulting in death) LAST												
shows any inju	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 VES 252NO  1 VES 252NO										MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	-	-		neck only one				
5 >	1 VES 2 NO  27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3 FINJURY Day, Year)	26b. TIM		ng Home 28c. INJU WOR	IRY AT	esidence	6 Other	(Specify) CRIBE HOW I	NJURY OCC	CURED	
BY	1X Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE (	OF INJURY — At ho		M	1 🗌 Y	ES 2 [	ND	281 LDC4	TION (Street	and Alumbar	or Purel Po	utha Masembar
m 28 is ETED	4 Homicide 6 Could not be determined	building	, etc. (Specify)							r Town, State)		or more no	ore remon,
D BE COMPLE	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of eER: On the basis of e											and menner as stated.
TO BE C	29b. IGNATURE AND TITLE OF CERTIFIE	n M.	D A	Ho	ndu	ie	29c. LIC	- 2	MBER 45	35	29d. DATI	SIGNED /	Month, Day Year) 29/92
) =	30. NAME AND ADDRESS OF PERSON WE	Frwa .	77	700	. 0	140		Bn	MAC	1 Ac	Le Company	Chi	26735 NON MD
1	JAN 0 5 199	32. REGISTR	ar's signature a Davidson	- Pand	all								



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- 1	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIFICA	TE OF DEATH	REG. N	0.						
	Prent	A .	Ec	hols	2. DATE OF DEATH	16-9	YEAR 9 SEATH					
	4. SOCIAL SECURITY NUMBER 294-30-5237	5. SEX 6. AGE	(In yrs. last birthday) IF U	NDER 1 YEAR IF UNDER 24 HR	. (Month, Day, Year)	1936	BIRTHPLACE (State or Fore Country)  Arkansas					
стоя	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  7412 Iongbranch Drive RESIDENCE OF DECEDENT  9c. COUNTY OF DEATH  Prince Georges											
DIRE		r nce Georges	100	on Location  Carrollton			10d. INSIDE CITY LIMITS? 1 YES 2 N					
IERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT 7412 Longbranch Drive 20784 United											
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 💢 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sp	rican, Puerto Rican, etc.)		RACE — American Indian Black, White, etc.     Specify:					
PLETED	15. DECEDENT'S EDI (Specily only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use retir	one during most of working ed.)		USINESS/INDUS						
COMPL	17. FATHER'S NAME (First, Middle, Last)	4 years			NAME (First, Middle, Maid	n Sumame)	Governmen					
O BE	Theodore Roos	sevelt Echo		Ger RESS (Street and Number or Ru	trude Cro		ode) 2090					
F	Glynese Nort			ing Rock Driv			, Maryland					
	1 & Buriel 2 Cremetton 3 Removal from State 4 December 5 Other (Specify)  Lincoln Memorial Cemetery 12/30/92 Suitland, Maryland											
	21. SIGNATURE ON UNERAL TEMPLICE L	5/1		22. NAME AND ADDRESS OF Stewart Fu	neral Home		ash., D. C.					
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)  Onset and Death  Due to (or as a consequence or):  Due to (or as a consequence or):  Due to (or as a consequence or):											
اب	that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AMAILABLE PRIOR TO											
N: MEDIC					1 🗆 YES	2 10 10	COMPLETION OF CAL OF DEATH?					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Services 2 □ NO	HOSPITAL: 1   Inpatient 2   ER/Out		26. PLACE OF DEATH								
Y PHYSICIAN:	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5 President  28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOV	INJURY OCCU	RED					
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUM building, etc. (Spe	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			t and Number or	Rural Route Number,					
COMPLETED		BICIAN: To the best of my know ER: On the bests of examination										
TO BE C	296. SIGNATURE AND TITLE OF CONTINE	duque M	V	29c. LICENSE 1	HUMBER 30	29d. DATE S	SIGNED (Month, Day, Year)					
- 1	30 NAME AND ADDRESS OF PERSON WE	HU CONFILETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	Da Muse Co	118	m	1 2-12					
	31. DATE FILED (Month, Day, Year)	VNGULZ /VIL	1, 501 910	ay ound	· do on	8.714	10/148					



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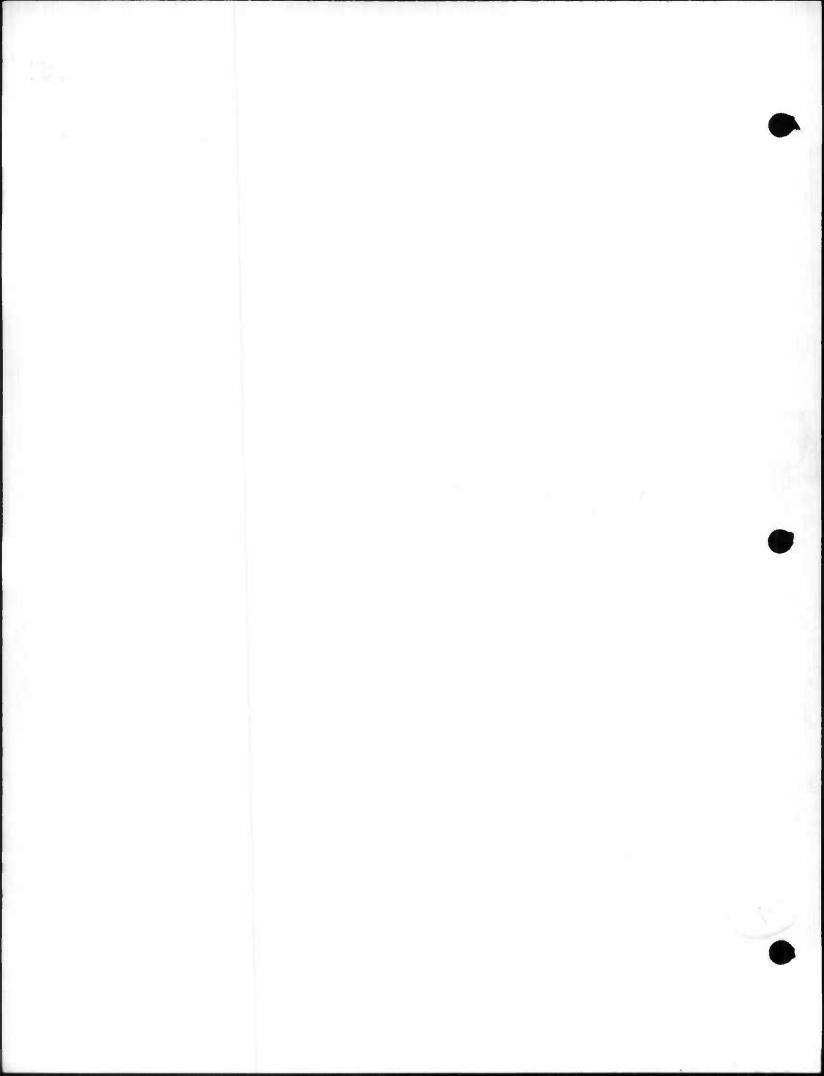
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_	1 - STATE REGISTRAR	STATE DF MARYLA		ICATE OF			EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	ey A	E	dridge	e	2. DATE OF D	- 25-	97	120 M		
		M2□F 66	yrs. last birthday)   YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	726	8. Bi	RTHPLACE (State or Foreign		
OR	9a. FACILITY NAME (If not institution, give atreet 712 60th Pl.	t and riumber)		96. CITY, TOWN OR LOCATION OF DEATH Fairmount Hgts.  9c. COUNTY OF DEATH Prince George's							
DIRECTOR	100. STATE Md . 10b. COUNTY	P.G.	10c. CIT	y, JOWN OR LOCAT	t Hgts.				10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO		
FUNERAL	10e. STREET AND NUMBER 7 1 2	60th Pl.			20743			U.S.	DE WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS  1	2. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT WW	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexican 2 NO Specity	n, Puerlo Rican		6	ACE — American Indian, Stack, White, etc.		
16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12) 8 th  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. both of user retired.)  Custodian  18. MOTHER'S NAME (First, Middle, Maiden Surre											
19a. INFORMANT'S NAME (Type/Print) Grace L. Lashley  19b. MAILINO ADDRESS (Street and Number of Plural Pourle Number, City or Town, State, Zip Code) Same as # 10 above											
	20s. METHOD OF DISPOSITION  1 Burlet 2 Cremetton 3 Removed from State 4 Donetton 5 Other (Specify)  20s. PLACE OF DISPOSITION (Name of cametary, cremetory or Harmony Mem. Park 12/30/92 Landover, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	V. Prate	<del></del>	22. NAME AF H . S 492	.Washin 5 Burro	gton ughs	& Son Ave.,	s,Ir N.E.	nc.		
	23. PART I. Enter the diseases, pr conshock, or heert fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)		ch line.	soluit	ide of dying, such			-	Approximata Interval Between Onset and Desth		
MION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):							
CERTIFICATION	CAUSE (Disease or injury that initiated events reculting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions	contributing to death bu	it not resulting	in the underlyin	g cause given in		PERFORMED?	PSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINARY	HOSPITAL:		26. P	LACE OF DEATH (Chi	eck only one)					
17SI		☐ Inpatient 2 ☐ ER/Outpa 28e. DATE OF INJURY	tlent 3 DOA	4 - Nursing Hon	ne 8 Residence		ecify) BE HOW INJURY	OCCURE	D.		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	JURY WO	PRK? YES 2 NO	200. 2200.		0000112			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Specific	At home, farm,	street, factory, offic			ON (Street and Nu own, State)	mber or Ri	ural Route Number,		
COMPLETED	anal	AN: To the best of my knowle On the bests of examination							use(e) and manner as atated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIED	myen	0		Dala		29d.		NED (Month, Day, Year)		
2	30. HAME AND ADDRESS OF PERSON WHO			Print)	1.				- /-		

A. REGISTRAN'S SIGNATURE

Giolia Davidson-Randell

31. DATE FILED (Month, Day, Year)

IAN 0 4 1993



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

West Virginia

Approximate Interval Between Onast and Death Immediate

4:00 AM

YEAR

1992

9c. COUNTY OF DEATH Garrett

REG. NO.

8.

30

1898

2. DATE OF DEATH DAY

December

7. DATE OF BIRTH (Month, Day, Year)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

214-05-7598

Eva

1 -

SION OF VITAL RECORDS, P.O. BOX 68760,

TOR			ursing Home			OR LOCATION OF DE		Gar.	rett
DIRECTOR	10a. STATE Maryland	10b. COUNT	n Llegany	10c, C	CUMBE	ation erland			10d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 717 Virg	ER			10	01. ZIP CODE 21502			EN OF WHAT COUNTRY?
E COMPLETED BY	11. MARITAL STATUS 1 Never Married 2 ( 3 Widowed 4 December 1997)		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yea, a	CENDENT OF HISPANI pecify Cuban, Maxican S 2 NO Specify:	, Puerto Rican, etc.)	fea or No 1	14. RACE — American Indian, Black, White, etc. Specify: White
MPLETED	(Specify of Elementary/Secondary	PECEDENT'S EDU only highest grad y (0-12)		He. Do NOT	S USUAL OCCUPATION of work done during muse retired.)	ION lost of working	166, KIND OF B	usiness/inou urant	STRY
ш	17. FATHER'S NAME (First. Charles W	. Farri	is			18. MOTHER'S NAM	NE (First, Middle, Maide Eliz	abeth	Hofe
TO	19a. INFORMANT'S NAME Estalene D	. Shanh		Kon.	te 3, Box		oute Number, City or To Ford Rd.,	wn, State, Zip C Cumbe	rland, MD 21
	20e METHOD OF DISPOS 14 Buriel 2 Crema 4 Donation 5 Oth	ner (Specify)		Ob. PLACE AND DATI	cepon Cer	netery 12	2/31/92 20c. L	ocation — ci Great	ty or Town, Stata Cacapon, WV
	21. SIGNATURE OF FUNER	AL SERVICE LI	Some	, MO0522	Hels:	Ley-Johnso	on Funera		, Inc. ngs, WV 2541
TION	IMMEDIATE CAUSE (F disease or condition resulting in deeth) "  Sequentially list cond if eny, leading to imm	ditions, nediete	a. Unwith  DUE TO (OR AS  Ather  DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF	otic t	LMONARY Jeart T	Acrest Disease	-	Onaat and
	Sequentially list cond if eny, leading to Imm cause. Enter UNDEAL CAUSE (Disease or in that initiated eventa resulting in deeth) LA	ditions, nedlete	b. Ather DUE TO (OR AS  d	A CONSEQUENCE	o tie t	deart T	Disease		Onaat and E
: MEDICAL CERTIFICATION	Sequentially list cond if eny, leading to Imm cause. Enter UNDEAL CAUSE (Disease or in that initiated eventa resulting in deeth) LA	ditions, nedlete	b. Ather DUE TO (OR AS	A CONSEQUENCE	o tie t	deart T	Disease	N AUTOPSY	Onast and E  Tm me.
SICIAN: MEDICAL	Sequentially list cond if eny, leading to Imm cause. Enter UNDEAL CAUSE (Disease or in that initiated eventa resulting in deeth) LA	ditions, nediete	b. Ather DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE O	ofic f	g couse given in P	art I. 24a. WAS A PERFO	N AUTOPSY	OF DEATH?
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ETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in deeth)  Sequentially list cond if eny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA  PART II. Other algnific  25. WAS CASE REFERGED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 CACIdent  3 Suitcide 8 Homicide	ditions, nediete LYING spirry AST Cant condition	b. Ather DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE (  A CONSEQUENCE (  but not resulting  tpetient 3 DOA  28b, TH N	26. PI OF):  26. PI OT FR: 4 Mursing Hom ME OF MURSING WO M 1	g ceuse given in P	art I. 24a. WAS A PERFC 1 PES	N AUTOPSY PRMED? 2 (M NO INJURY OCCUR	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
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D BE COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in deeth)  Sequentially list cond if eny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA  PART II. Other algnific  25. WAS CASE REFERGED EXAMINER?  1 VES 2 NO  27. MANUER OF DEATH  1 Netural 5 CER Accident  3 Sutcide 8 Homicide  29a. CERTIFIER (Check only one) 2 MEI	ditions, nedicte LYING plury asT Cant condition  To Medical  Pending investigation  Could not be a detarmined  RTIFYING PHYSI  COICAL EXAMINE  LE OF CERTIFIER	b. ATNEY DUE TO (OR AS c. DUE TO (OR AS d	A CONSEQUENCE OF A CONS	26. Pri  In the underlyin  26. Pri  A Mursing Horn  A Mursing	g ceuse given in P	art I. 24a. WAS A PERFO 1 YES  A conly one)  Other (Specify)  28d. DESCRIBE HOW  City or Town, State othe cause(a) and me	N AUTOPSY RMED? 2 N NO INJURY OCCUM and Number or ) Inner as stated, and due to the o	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO

C.

8. AGE (In yrs. lest birthday)

YRS.

94

5. SEX

1 M 2 XXF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

DAYS

Farris

DHMH-18 Rev 1/89

S5164 S2

Christman - marineman - mar STREET THE STATE OF THE STATE

PRESENTED TO THE PARTY OF

William Street Wat A will then I be suit

DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSTICLE OF CONTROL OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSTICLE OF CONTROL OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE PUNITY CERTIFICATE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed, within 75 ment death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.	
DIVE HOSTIVA THE FUNETA ENTER Reflect within 72	POSTANT If Item 28 is	- T-

											92	38153
	1 - STATE REGISTRAR	STATE OF MAR					DEAT		MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF DEATH		3	. TIME OF DEATH
	James Earl	Frazier						ſ	Dec 2	AY	1992	8:15 Pm
	4. SOCIAL SECURITY NUMBER		GE (In yrs. les	st birthday)	IF UND	ER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH	-		ACE (State or Foreign
	213-05-7251	1 D M 2 D F	Q	YRS.	MONTHS	HS DAYS HOURS MIN.			(Month, Day, Year) 5-25-18	0.3	Country)	YLAND
	9e. FACILITY NAME (If not Institution, give a	treet and number)			9b. CIT	Y, TOWN (	OR LOCATIO	N OF DE		_	INTY OF DEA	
DIRECTOR	The Kent & Queen	Anne's Hos	pital	Inc			ertow			Kent		
EC	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION				11	Od. INSIDE CITY
1 2	MARYLAND KENT			CH	IEST	ERTOV	JN				,	LIMITS?
A	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT		AT COUNTRY?
FUNERAL	338 CANNON STREET	1	21620					20			JSA	
3	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. AR	MED	13	. WAS DEC	ENDENT OF	HISPAN	IIC ORIGIN? (Specify Ye			- American Indian
TYES, GIVE WAR OR DATES 1 YES 2 NO Specify:							n, Puarto Rican, atc.)			- American Indian, White, etc. BLACK		
ED	15. DECEDENT'S EDU (Specify only highest grade		18e. DE	CEDENT'S	USUAL	OCCUPATIO	ON		166. KIND OF BU	SINESS/IN	DUSTRY	
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	pe retired.	) during mo	st of working	,				
Į d	7th		BUT	CHER					MANU	FACTU	JRING	PLANT
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHE	ER'S NAI	ME (First, Middle, Maider	Surname)		
ш	THOMAS FRAZIER						KA	THER	INE RIGBY			
TO B	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILINO	ADDRES	SS (Street a	ind Number o	or Rural R	Toute Number, City or Tov	vn, State, Zij	p Code)	
-	ROSE ANNA FLETCH	ER	3	338 C	ANNO	ON SI	CREET	, CH	ESTERTOWN	, MD,	2162	0
	20a. METHOD OF DISPOSITION  1) Burlel 2 Cremetton 3 Removed	ovel from State	20b. PLACE	AND DATE	OF DISPO	SITION /Na		1	2/26/92 20c. LC	CATION —	City or Town	, Stata
	4 Donation 5 Other (Specify)		cemetery, cre	NES C						HEDIL	KIUWN	· MD ·
	21. SIGNATURE OF FUNERAL SERVICE LIC	INSE	_	1	22	. NAME AN	O ADDRESS	S OF FAC	BENNIE	SMIT	H FUN	ERAL SERV.
	1/9				- 2	426 I	OVER	STR	EET, EAST	ON. M	D. 21	601
	23. PART I. Enter the diseases, pr	complications that cau	sed the de	ath. Do r								Approximata
	snock, or neart tallure.	List only one cause o	n each line				ac or ayın	y, auci	raa caraize or resp	natory at	rwat,	Interval Between
	iMMEDIATE CAUSE (Final disease or condition	Cono	entre	10	14	mest	2	:0	ne sular t			Onset and Death
	reaulting in death)	a. Dile Toylog	A CONSE	THENCE OF	D:		00					
1_1		arta		L		0	0.		. 0- 1	7		
CERTIFICATION	Sequentially list conditions,	DUE TO (OR /	AS A CONSEC	DUENCE OF	FI:	un	CO.	Erange .	and c	L) KA		
¥	if any, leading to immediate cause. Enter UNDERLYING											İ
트	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEC	DUENCE OF	F):							1
토	resulting in death) LAST	d										
1 - 1	7177 V 04 1 W 1											
MEDICAL	PART ii. Other algnificant condition											ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ă	D Chronie Rev		تعاري	, ca	con	e a	and)	du	1   YES :	ON []		DMPLETION OF CAUSE F DEATH?
E I	3) Chronic 47	7				1					1	YES 2 NO
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	ck only one)			
YSI	1 TYES 2 NO	1 Pinpatient 2 ER/C	Outpatient 3	☐ DOA			e 5 🗆 Resi	idenca i	8 Other (Specify)			
H	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUI	RY nr)	28b. TIMI	E OF URY	28c. INJI WO	URY AT		28d. DESCRIBE NOW	NJURY OC	CURED	
BY	2 Accident Investigation				М		res 2 🗌	NO				
	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)							28f. LOCATION (Street City or Town, State)		or Rural Rou	te Number,	
E I	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my ki	nowledge de	ath occur-	ed at the	time dat-	and alice					
COMPLETED		R: On the basis of examin										nd manner as stated.
w I	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEN	ISE NUM	BER	29d. DAT	E SIGNED (M	onth, Day, Year)
0 8	the allen	nn.					02	213	13	1	1919	3
	20 NAME AND ADDRESS OF DEDROM WAY	COMPLETED CAUSE OF	DEATH OFFI	1.07.07								

chestertown, and. 21620

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

N 26 High St, C

32. REGISTRAR'S SIGNATURE

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JAN 1 3 1993

a Fairton Bridge

INTO MAN

permit. Pages 1, 2, 3

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funeral director, page 5 should be

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LOR ATTENDING THE LIAN. The law requires that the death certificate be executed within 24 hours after di	MRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it	cremat
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HOSPITAL OR ATTE

31. DATE FILED (Month, Day, Year)

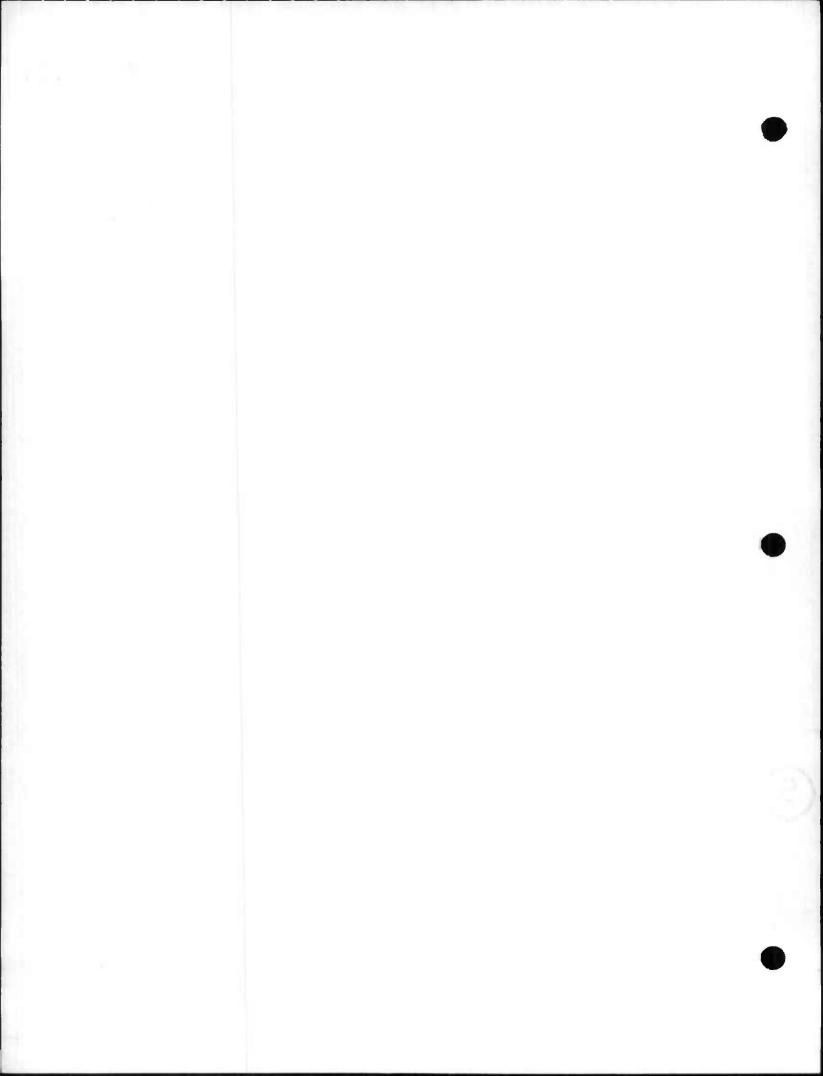
DEC 2 9 1992

32. REGISTRAR'S SIGNATURE

a Davidson-Randall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 12<sup>1</sup> Otto (N.M.N.) Fankhauser 11:05 Ам 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Onth, Day, Year) 377-09-0338 Capitol Hgts,MD 1 🕅 M 2 🗆 F 81 YRS 1911 Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 7516 Martha Street Forrestville Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION 10d, INSIDE CITY Maryland Prince George's Forrestville 1 ី YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7516 Martha Street 20747 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only high intary/Secondary (0-12) College (1-4 or 5+) 9 U.S. Government Fireman 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Gottfried Ferdinand Fankhauser Ti Magdalene Hanni notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Larry O. Fankhauser 18612 Heritage Hills Drive, Brookeville, MD 20833 pe 20e- METHOD OF DISPOSITION
1 E Buriel 2 Cremation 3 Removal from State 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Fort Lincoln Cemetery 4 Donation 5 Other (Specify) 12/29/92 Brentwood, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD medical 23. PARTY. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line, Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** State Dept. of Health and Mental Hygiene prior to burial. cremation, Item 23 shows any Injury, or other traumatic event, the disease or condition resulting in death) METACTATIC UVER DISEASE
DUE TO (OR AS DOONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO BY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputiont 2 | ER/Outputiont 3 | DOA OTHER: 1 | YES 2 | NO me 5 Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED Is marked, 1 Natural 5 Pending Investigation М 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be item 28 4 Homicide 29a. CERTIFIER 1 Chack ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and manner se stated. TO THE HOSPITAL TO THE FUNERAL DE filed within 72 M 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Ybar) BE tree Muros D38129 12-28 an 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
VINCENT CHEN, 9131 PISCATAMAY ROAD, #600, CLINEN,



BALTIMORE, MARYLAND 21215-0020

ON OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOST AND CHINGLAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNCTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. MG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR	STATE OF MA	DVI AND /	DEDARTM	IENT OF	HEALTH AND	BACNITAL	UVCIEN	r	92	38	15	55
	1 - STATE REGISTRAR	SIAIL OF MA				DEATH	MENIAL	REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			. TIME OF	DEATH	
	Christina	Marie	Fer	nandes	3		Dec.	-	1992	YEAR 7	:20	Α	M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	t birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		S. BIRTHPL		or Foreig	gn
	None	1 🗌 M 2 💢 F	6	YRS. MOI	THE DAYS	HOURS MIN.	12-2	27-19	85	Washi	ngto	n.Do	C
	9s. FACILITY NAME (If not institution, give a	treet and number)		96	CITY, TOWN	OR LOCATION OF I	DEATH			TY OF DEA			_
DIRECTOR	8205 Clay Driv	·e			Cort W	ashingto	n		Prin	ce Ge	orge	s	'n
Ä	10a. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOC	ATION				16	Od. INSIDE		
5	Maryland Princ	e George'	S		Fort	Washing	ton			1	LIMITS		)
A	10e. STREET AND NUMBER					01. ZIP CODE	0011		10g. CITIZ	EN OF WH	AT COUNT	RY7	
FUNERAL	8205 Clay Drive					2074	.4			USA			
3	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED		CENDENT OF HISPA	NIC ORIGIN?		or No-	14. RACE -	- Americar	Indian,	
BY F	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:							cen, etc.)	-	Specify:	White was	:e	
0	15. DECEDENT'S EDUC	CATION	16a, DEC	CEDENT'S USU	AL OCCUPAT	ION	16b. 1	UND OF BU	SINESS/INDU	ISTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gh	ve kind of work Do NOT use rel	done during n ired.)	lost of working		116-11-10-2-2					
립	0	501090 (1-0 01 0 7)		Non	ne				N	one			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Mi	ddie, Maiden					
	Marc	L. Fernan	des				E11	en M.	Abel	ende			
BE	19a. INFORMANT'S NAME (Type/Print)			. MAILING ADI	ORESS (Street	and Number or Rura				_			
2	Marc L. Fernan	ides	8	3205 C	lav Dr	ive Ft.	Wash	inoto	n. Md	207	144		
	20s. METHOD OF DISPOSITION			ND DATE OF D			DATE		CATION — C		_	_	_
	1 Burial 2 Cremation 3 Remo	oval from State				netery 12			inton		,	d	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Rebui	10001	22. NAME	ND ADDRESS OF F	ACILITY				jian		
	· What Plale	5				ge P. Ka Oxon Hi					.207	45	
	23. PART I. Enter the diseases, or o	omplications that c	aused the dea	eth. Do not							Аррго	ximata	
	shock, or heart failure.	List only one cause	on each line.									al Betv	
	disease or condition resulting in death)	Ceres	Eas or	2000									
	resulting in death)	DUE TO (OI	R AS A CONSEQ	WENCE OF):							+		_
z			V										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (QI	R AS A CONSEQ	UENCE OF):									
3	Cause. Enter UNDERLYING CAUSE (Disease or Injury	£											
E	that initiated events	DUE TO (OI	R AS A CONSEQ	UENCE OF):									
EH	resulting in death) LAST	j											
	PART II. Other significant condition	s contributing to de	ath but not re	esulting in ti	ne underlyk	na cause alven la	Part I	4e. WAS AN	ALITYOPEV	245 W	ERE AUTOR	WY FRID	2100
.   ₹				Journal III (	io dilatiyi	ng cause given in		PERFO	MED?	_ A	WAILABLE P	OT ROIR	
							- 1	T YES 2	NO NO		F DEATH?	or CAU	DE
₹							— 1			1	☐ YES 2	□ NO	
PHYSICIAN: MEDICAL													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OI	HEB:	PLACE OF DEATH (C							
YS	1 V YES 2 NO	1   Inpatient 2   E		DOA 4	Nursing Ho	me 5 KResidence	6 🗆 Other (	Specify)					
표	27. MANNER OF OEATH  1 X Natural 5 Pending	26a. DATE OF IN. (Month, Day,		28b. TIME OF INJURY	W	JURY AT ORK?	28d. DESC	RIBE HOW	NJURY OCC	URED			
B	2 Accident Investigation					YES 2 NO							
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At hor L. (Specify)	ne, farm, stree	t, factory, off	ce		TON (Street Town, State)	and Number (	or Flural Flou	te Number,		
Ä	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of me	knowledon des	oth occurred -	the time di	e and plane and d	a to the arms	del and -		7			
ME	(Check only one) 2 MEDICAL EXAMINE										nd mess-	-	ul.
	295. SIGNATURE AND TITLE OF CERTIFIER				., -,			printer, at					nd.
BE	Chart DV	Lucian	MA			29c, LICENSE NU				SIGNED (M			
2	Th NAME AND ADDRESS OF PERSON WH	ugging "	111			D212	30		Dec	cembe	r 21	,199	12

PLETER CHUSE OF DEATH (ITEM 27) (Type, Print)

IEZ. M.D. 5009 Rayburn Ct. Camp Springs, Md.20748

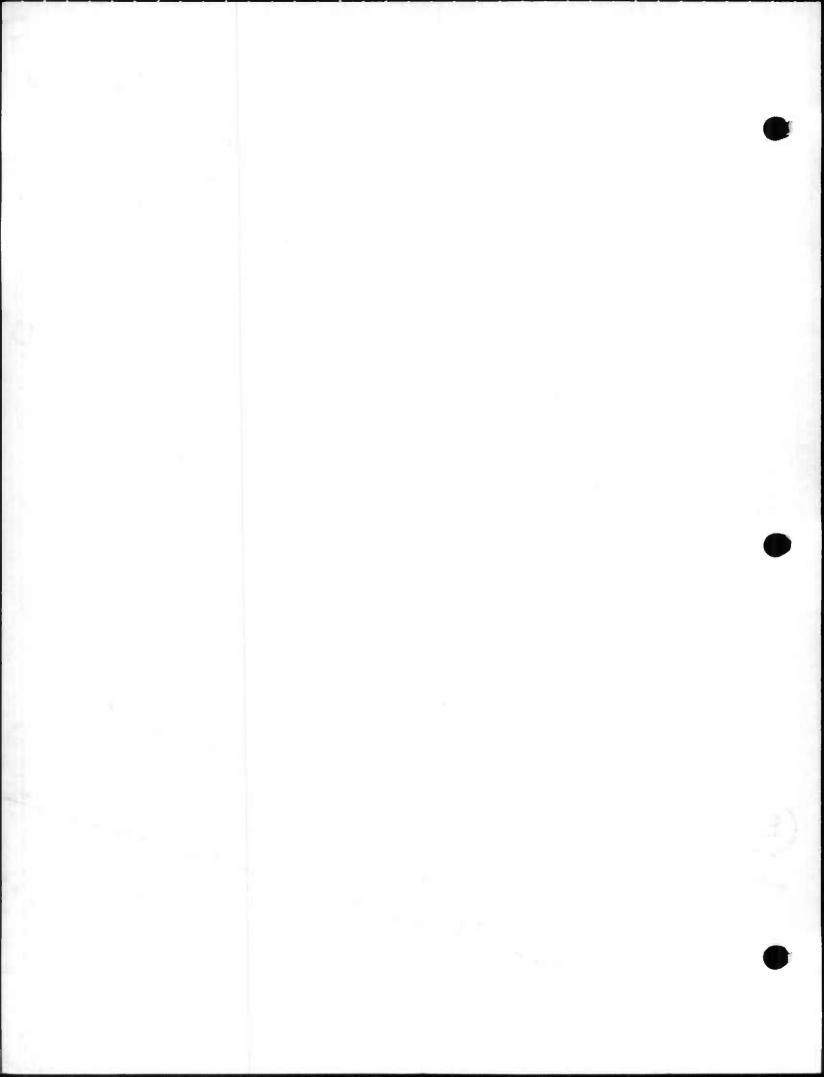
2

Rodriguez,

32. REGISTRAR'S SIGNATURE

Augusto P.

31. DATE FILED (Month, Day, Your)
DEC 2 2 1992

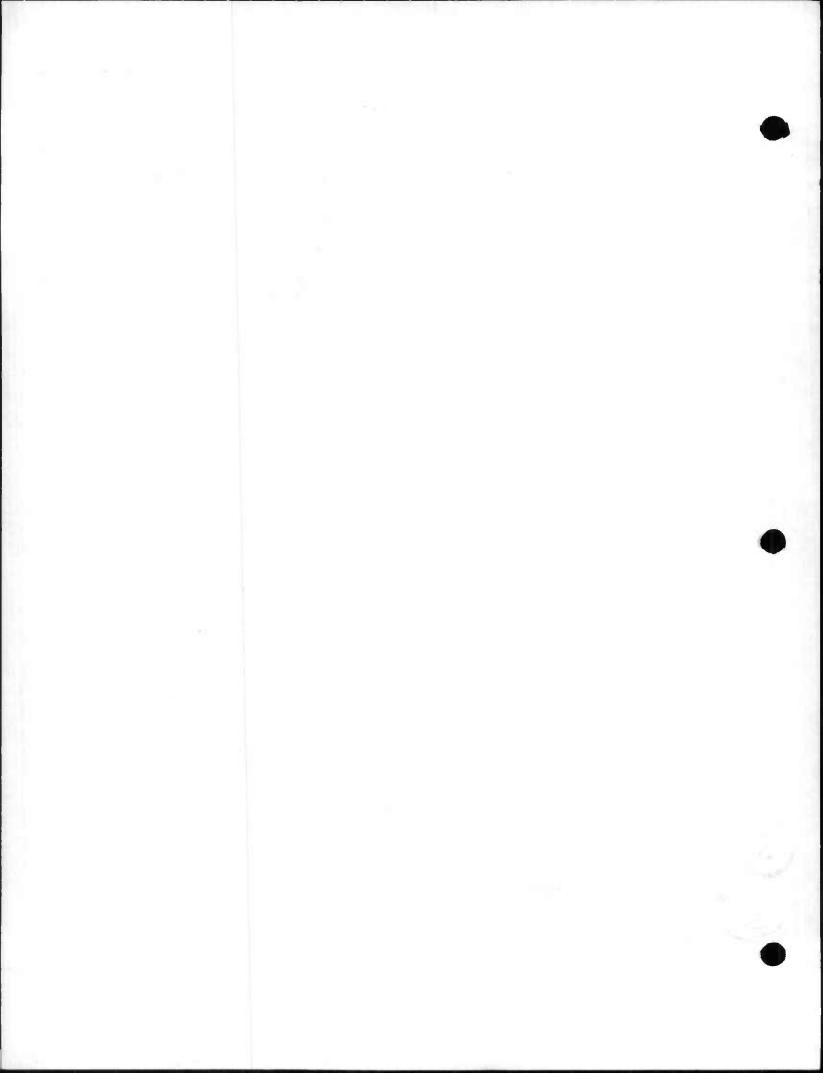


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	ly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
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24 hours after death. Page 6 may be retained by the hospital or at	director,		r must
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es that the death certi	the atte	. of Health and Mental Hy	njury, (
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v require	been sig	it. of He	is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mi
The la	ate has	ne State Dept. of	tem 23
YSICIAN	s certific	10	10 , br
ING PHYS	Mer this	leath with	marke
ATTENO	ECTUR.	ours after o	28 is
FE - 108	1	72 hour	If Item
6004	ALE P	WILLIAM	TTANT
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31. DATE FILEO (1997), 49%, 1884 1 1992

32. REGISTRAN'S SIGNATURE
FISHE DAVIDSON-RANDERL

							16	30130
1	FOR STATE REGISTRAR	STATE OF MAI			F HEALTH AND	MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	FANT				2. DATE OF DEATH	AY YEA	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthde	y) IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
91	577-24-5295	1 🗆 M 2 🔀 F	92 YRS			01 28 190	0 Wa	shington, DC
~	Se. FACILITY NAME (If not institution, give a				YN OR LOCATION OF E	HTA3	9c. COUNTY O	
CTO	Carroll Manor Nur			Hyat	tsville		Princ	e George's
DIRECTOR	10e. STATE 10b. COUNTY			ary, rown on Lo lashingt				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
4	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	3818 Davis Place				20007		U.S	.A.
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 X NO	13. WAS	DECENDENT OF HISPA	INIC ORIGIN? (Specify Yes	or No- 14, R	ACE - American Indian, lack, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR			YES 2 X NO Spec			poodly: White
	15. DECEDENT'S EDUI (Specify only highest grade	CATION	18e. DECEDENT	'S USUAL OCCUP	ATION	166. KIND OF BU	SINESS/INDUSTR	Y
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NO	of work done during use retired.)	most of working			
COMPLETED	8		Superv	isor			orial S	ervices
8	17. FATHER'S NAME (First, Middle, Last)				1.0	AME (First, Middle, Malden	Surname)	
H	Daniel A. Junghan	S				eth Jenau		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Dorothy T. Jungha		3818	Davis P	lace NW #	303, Washi	ngton,	DC 20007
	20a, METHOD OF DISPOSITION 1 \(\times\) Burial 2 \(\times\) Cremation 3 \(\times\) Remarks	oval from State	20b, PLACE AND DAT	E OF DISPOSITION	(Name of	OATE 20c. LO	CATION - City o	r Town, State
	4 Donation 5 Other (Specify)	-	Gate of	leaven C	emetery 1	/4/199 <b>3</b> S:	ilver S	pring, MD
1	21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE	- 11		AND ADDRESS OF F		1	7 7 4
	1/ hm	-Kest	Lan			h's Sons Fore Avenue,		
	23. PART I. Enter the diseases, or o	omplications that ca	used the death. De	not enter the	mode of dying, su	ch as cardiac or respi	iratory arrest,	Approximate
- 1	shock, or heart failure.	List only one cause	in each line.					Interval Between Onset and Death
- 1	disease or condition	PROGRI	ESSIVE	1ERER	RAT TH	RAMBASI	_	
1	resulting in death)	DUE TO (OR	AS A CONSEQUENCE	OF):	1.12/11	ROMBOSÍ	)	
z		HUPERTE	NSIVECA	RDIOVE	ECULAR.	NEME		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE					
3	cause. Enter UNDERLYING CAUSE (Disease or injury							
드	that initiated events	OUE TO (DR	AS A CONSEQUENCE	DF):				
	resulting in death) LAST	ı,						
ਹ	PART II Other eignificent condition	e contribution to do	All had not provide	- 6- 4-1 - 2-2 - 4				
3	PART II. Other significant condition	EART FA		g in the under	ying ceuse given ir	Part i. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICA	OFFICE STIPE A	-000000	400			1 🗆 YES 2	NO NO	COMPLETION OF CAUSE OF DEATH?
	VECTIVEN H	MARTICA	/			'		1 TYES 2 NO
SICIAN:								
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)		
YS.	1 TES 2 NO	1 Inpetient 2 ER			forme 5 🗆 Residence	6 Other (Specify)		
PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJU		IME OF 28c. NJURY	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED	
┢	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be determined	28e. PLACE OF IN- building, etc.	JURY — A1 home, farm (Specify)	n, street, factory, c	iffice	281. LOCATION (Street of City or Town, State)	and Number or Ru	rel Route Number,
<b>4</b>	29e. CERTIFIER							
COMPLET	(Check only CERTIFTING PHYSIC					e to the cause(s) and mar		
S L	Z MEDICAL EXAMINE	H: On the basis of exami	nation end/or investiga	tion, in my opinio	n, death occured at the	a time, date and place, en	d due to the cau	se(s) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE NU	MBER	29d, DATE SIGN	IED (Month, Day, Year)
0	MATA UMARCA	ameldo	WITH		1263	31	12	13/192
2	30. NAME AND ADDRESS OF PERSON WHO							

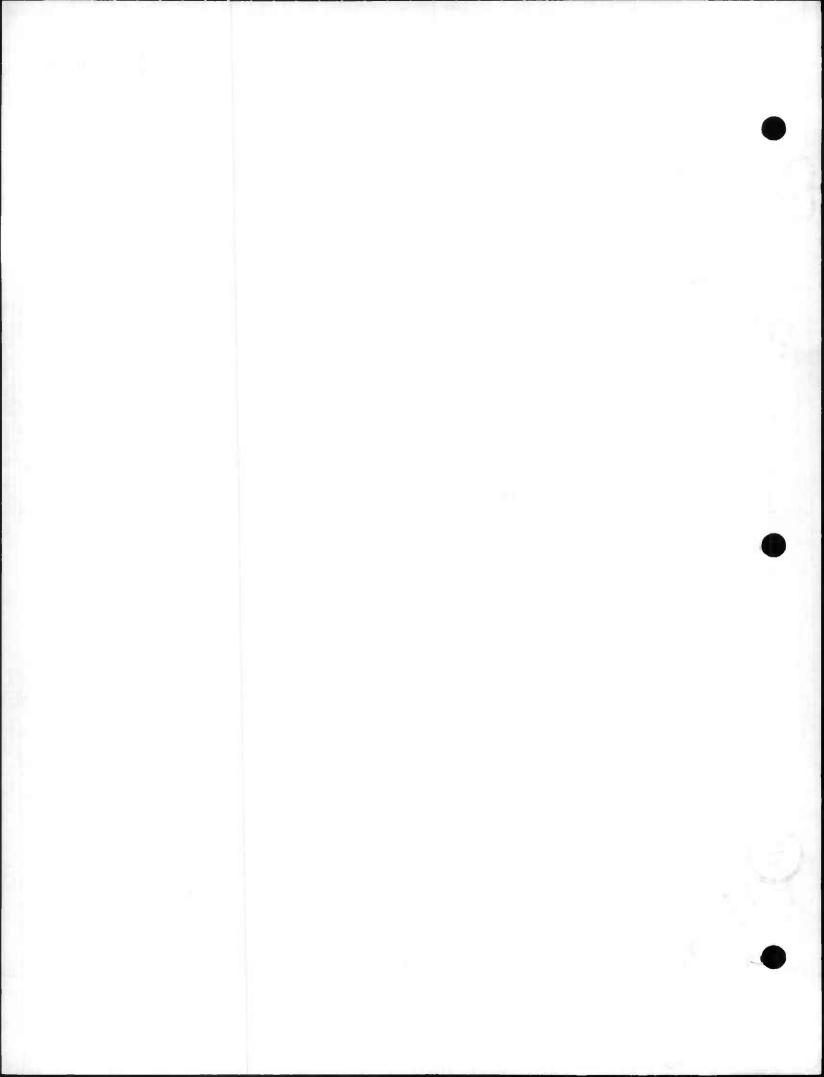


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O. B	certificate
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KEC	requires
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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour
5	8
C	B

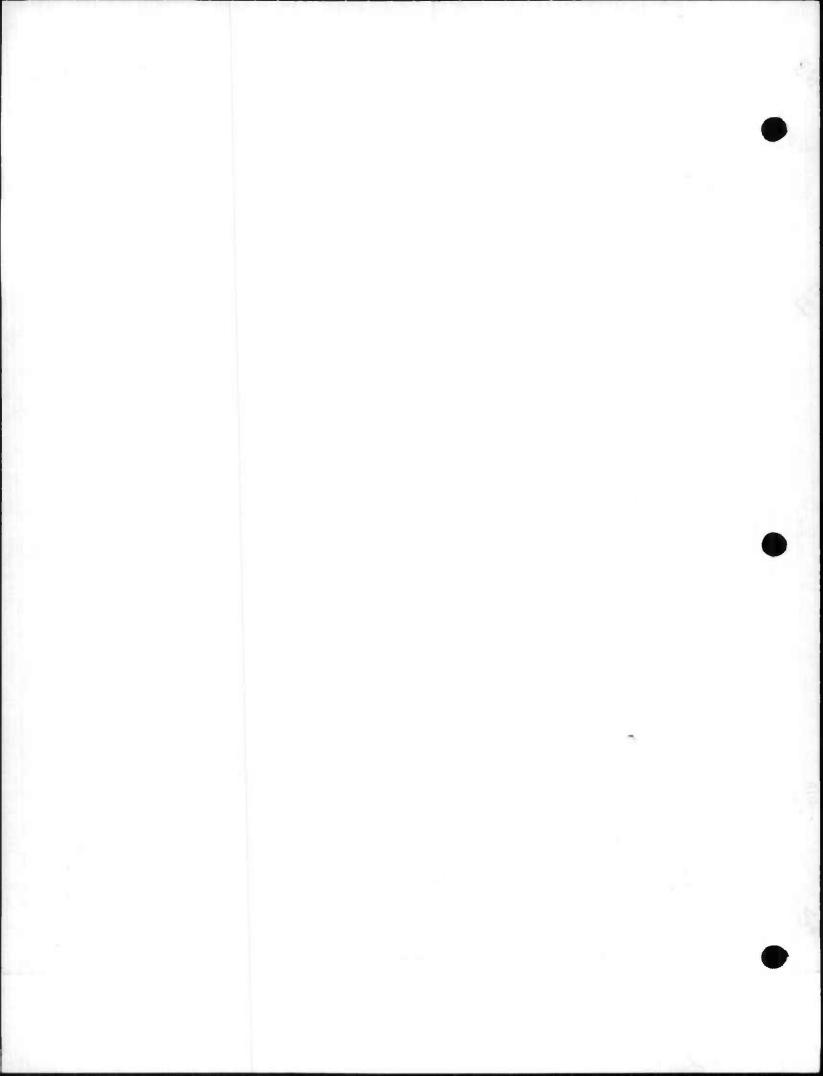
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 12-29 ANTHONY FIORAMONTI ADAM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 F 579-12-4986A 9-10-1923 WASHINGTON, D.C. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FT, WASHINGTON AMBULATORY CARE WASHINGTON PRINCE GEORGE'S 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND PRINCE GEORGE'S OXON HILI 1 TES ZYNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the burial-transit 303 ELLSWORTH PLACE 20745 USA after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yee, apacify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2XXNO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 3 Divorced BY WHITE SE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highe ō Elementary/Secondary (0-12) College (1-4 or 5+) 12TH detached SAFETY SUPERVISOR **PEPCO** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ CIRO FIORAMONTI page 5 should be CATERINA NUZZI notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 ALICE P. FIORAMONTI 303 ELLSWORTH PLACE OXON HILL. 20a. METHOD OF DISPOSITION MD. 20745 å 206. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION - City or Town, State director, 1 must Burlal 2 Cremation 3 Re CEDAR HILL CEMETERY 4 Donation 5 Other (Specify) 12-31-92 SUITLAND, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVIGE LICENSES GEORGE P. KALAS FUNERAL HOME the funeral 6160 OXON HILL RD. OXON HILL, MD. 20745 shows any injury, or other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by 1 Approximata shock, or heart fallure. List only one cause on each line. Interval Between 0 IMMEDIATE CAUSE (Final Onset and Death Disheter aferio relectes cardis vas cules destore and completely fille burial, cremation, disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician ar Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? signed by t Health and 1 TES 2 THO OF DEATH? 1 YES 2 NO been of PHYSICIAN: has be Dept. Item 23 25. WAS CASE BEFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate I HOSPITAL OTHER: 1 YES 2 NO 1 | Inpetient 2 | EP/Outpetient 3 | DOA e 5 - Residence 8 - Other (Specify) TO THE PUNCED OF ATTENDING PRINCING TO THE PUNCED OF STATE THIS CONTROL OF STATE OF 0 27. MANNEY OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of sxamination and/or investigation, in my opinion, de occured at the time, dats and place, and due to the cause(s) and manner as stated 29d. DATE SIGNED (Month, Day, BE Koarme MD 1230 2 DEATH (ITEM 27) (Type, Print) 32. BEGISTRAR'S SIGNATURE who Davidson-Randall DEC 3

	1 - FOR STATE REGISTRAR GEORGE A	STATE OF MARYL Fisher	ND / DEPARTA CERTIFIC	MENT OF H	DEATH AND A		HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER		n yrs. last birthday)   IF	range supan		2. DATE OF MONTH	12 9 9	Z 3	of DEATH
	214-10-1354	1 □ M 2 □ F 7	2 YRS. MO	UNDER 1 YEAR WITHS DAYS	IF UNDER 24 HRS. HOURS MIN.		4-1920	Country)  MD.	tete or Foreign
ECTOR	9a. FACILITY NAME (II not Institution, give s Frederick Memoric	troot and number)	94	Fred	derick	ATH		rederic	k
DIR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  Md.	rederick	1237	own on Locat ederick				1	HDE CITY ITS7 S 2 \( \bigcap \text{NO}
FUNERAL	100. STREET AND NUMBER  815A Stratford Dr	iive			21701			N OF WHAT COU	NTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	if yes, spe	ENDENT OF HISPAN ecity Cuban, Mexican 2 NO Specify	, Puerto Ric	Specify Yes or No- 1	4. RACE — Ameri Black, White, e	can Indian, ic.
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	ON st of working		IND OF BUSINESS/INDUS	I.H. Belden Surreme) rger	
E COMPL	17. FATHER'S NAME (First, Middle, Lust) Charles Luther	Fisher	engineer			NE (First, Mid	N.I.H. one, Maidon Surriamo) berger		
TO B	180. INFORMANT'S NAME (Type/Print) Shirley Talbott-F		815A S	tratfor	nd Number or Aurel A Ld Drive,	loute Number,	city or Town, Statu, Zip C lerick, Md.		
	20a. METHOD OF DISPOSITION  11/2 Burlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State cere	PLACE AND DATE OF D etery, gramatory or other ESTHAVEN	Memoria	uma of U <u>Garden</u> ND ADDRESS OF FAC	A 12/	20c. LOCATION — CH 92 Freder		
	· Standa	L Lemme	ν	STAUFF Freder	ER FUNER	AL HO yland	ME, P.O. B		
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. Ven to	consequence on:	Flon	llation		Inte	proximate erval Between set and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST	с	CONSEQUENCE OF):	(a/di	iv Vas Cu	Co. C	Wease		
: MEDICAL C	PART II. Other algolificant condition	e contributing to death be	at not resulting in t	he underlying	g cause given in i		4a. WAS AN AUTOPSY PERFORMED? YES 2 NO	OMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO ION OF CAUSE 17
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (Che	ck only one)		URY OCCURED	
PHYS	1   YES 2   NO  27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJ	e 5 Residence (		Specify) RIBE HOW INJURY OCCU		
D BY	7 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, atre-	M 1 🗆 1	rES 2 NO	281. LOCATI City or	ON (Street and Number or Town, State)	Rural Route Numb	ber;
COMPLETE	11	CIAN: To the best of my knowler: On the best of axemination							ner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		5		29c. LICENSE NUM	BER		31GNED (Month, D.	
2	30. NAME AND ADDRESS OF PERSON WH Edward P. Riul	i, M.D. 310	West 9th	St., F	rederick				
	31. DATE FILED (Month, Day, Year) DEC 28 1992	32. REGISTRAR'S SIGNA							



			RECOR	aw requires that	
(B1/2)	(	To a di	DIVISION OF VITAL RECOR	TO THE HOSPITAL OR ATTENDING/PHYSICIAN: The law requires that	The Prince of the Contract of the Late of
			0	TO THE HOSPITAL OF	1

		1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las	STATE OF MA		DEPAR ERTIF				Н	RE	EG. NO.		_	-
	1	1. DECEDENT 3 NAME (FIRST, MICOR, CAS	LEODA GRA	CE STU	LL FE	RGUS	ON			DATE OF DI MONTH 12	DAY		'EAR	:10 A M
		4. SOCIAL SECURITY NUMBER 214-32-3927	5. SEX 6.	AGE (In yrs. Is		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	DATE OF BI (Month, Day,	Year)			ACE (State or Foreign
3 should		9a. FACILITY NAME (If not institution, give	41	/	77 YRS.  9b. CITY, TOWN OR LOCATION OF DEATH					7-4-1		c. COUNT	Mary	
evi .	OR	Citizens Nursing	g Home			Fre	eder	ick			I	Frede	erick	ξ
permit. Pages 1,	DIRECTOR	Maryland Fred	erick	I was dirt; fount on Education								od, INSIDE CITY LIMITS?  YES 2X NO		
it perm	ERAL	10s. STREET AND NUMBER	11 a D = 4		10f. ZIP CODE						10	-		AT COUNTRY?
O sician. al-tran	FUNE	7506 Franklinvi	12. WAS DECEDENT E	VER IN U.S. A	U.S. ARMED 13. WAS DECEMDENT OF HISPAI				F HISPANIC C	PRIGIN7 (Sp	ecify Yes or		B.A.	American Indian,
215-0020 attending physician. se as the burial-transit	ВҰ	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		NO		f yes, sp	2X NO	n, Mexican, Pr	verto Rican,	etc.)		Specify:	White
	ETED	15. DECEDENT'S EL (Specify only highest gra	DUCATION de completed)	16a, D	ECEDENT'S Give kind of v e. Do NOT us	USUAL O	CCUPATIO	N st of workin	g	166. KINC	OF BUSINE	SS/INDUS	TRY	
		5 years	College (1-4 or 5+)	- 1	lomema									
retained by the hospital 5 should be detached for notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAME (	First, Middle,	, Maiden Sun	name)		
	BE		William Aaron Stull  I INFORMANT'S NAME (Type/Print)						ha Ma	-		7-0		
be retained ge 5 should e notified	유	Harold L. Fergus	son										,	21788
IORE, e 6 may be ector, page		20a. METHOD OF DISPOSITION 1   ☐ Burial 2 ☐ Cremation 3 ☐ Re		20h PLACE AND DATE OF DISPOSITION (Name of				DATE	20c. LOCAT	ION — CIt	y or Town,	, State		
IMORE Page 6 may I director, pa		4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAS SERVICE	LICENSES	Blue	Ridge	e Cer			S OF FACILIT		Thur	nont,	Mar	yland
JALT death. funera		· Sokert	2 tu	lup	X	R0	BERT	E.	DAILEY	Z & St	TIDMON	m 3.6	A TOSTT	MES, P.A.
3 = . •		23. PART . Enter the diseases, or shock, or heart failure	complications that c	on each lig	Do n	ot enter	the mo	de of dyl	ng, such as	cardiac c	or respirate	огу агтез	t,	Approximate interval Between
		iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cons	Cerebral Taloguoses									Grand Death	
secured within 2 and completely 3 o burial, crematic event, th		resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):										40.0	
	NOI	Sequentially list conditions,	b. DUE TO (OF	DUE TO (OR AS A CONSEQUENCE OF):								_		109
BOX ficate be ex physician a ne prior to	CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C											
P.O. th certific anding pl Hygiene or othe	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSE	QUENCE OF	7):								
DS the d Wei	CAL C	PART II. Other significant condition	ons contributing to de			n the un	derlying	ceuse g	iven in Part	t i. 24a.	WAS AN AUT			ERE AUTOPSY FINDINGS
五 4 4 5 5		ASJU	tolien PM	eeem	Ma					1	YES 2 [		CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
w requires the been signed or. or Health 3	: MED									.			1	YES 2 AO
ITAL F 4: The law r cate has be State Dept. Item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATH (Check o	only one)			I	
F VIT/ SICIAN: The certificate the State I, or Item	IXSI	1 WES 2 WO	HOSPITAL:				ing Hom		sidence 6 🗆					
15 ON OF VITA ATTENDING-PHYSICIAN: The CODE office this certificate in a strer death with the State D 28 Is marked, or Item	ВУ Р	1 Netural 5 Pending 2 Accident Investigation		Year)		M		ES 2		d. DESCRIBI	E HOW INJU	RY OCCUI	RED	
DIVISION OF VITAL RECCONATIONS THE law requires to ORATENDING/PHYSICIAN: The law requires to DIRECTORE this certificate has been signed nours after death with the State Dept. of Health Heath 28 is marked, or litem 23 shows a	ED	3 Suicide 6 Could not b datermined	28e. PLACE OF IN- building, etc.	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)				281	City or Tow	(Street end : m, State)	Number or	Rural Rout	» Number,	
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC De filed within 72 hours IMPORTANY, If Hom	COMPLET		SICIAN: To the best of my NER: On the basis of exam										euse(s) ar	nd menner ee stated.
HE HOS HE FUN ed with	ш	296. SIGNATURE, AND TITLE OF CERTIFI	ER O					29c, LICE	NSE NUMBER	1				orith, Day, Year)
5 5 3 X	TO B	36 NAME AND ADDRESS OF PERSON W		DE DEATH #==	144 930 AT	Phi-A'		DI	340	4		1.	2/2	192
		B. O. Thomas Jr	. 228 North	Marke	et Sti	reet	Fre	derio	ck, Ma	rvlar	nd 217	701		



		1. DECEDENT'S NAME (First,	Middle, Last)									
		Sister Lore	etta F	itzsimmo	ns							
		4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. las	st birthd						
	1	229-58-9325	5	1 🗆 M 2 💢 F	8	7 YR						
pinous	- 3	9e. FACILITY NAME (If not in	stitution, give a	treet and number)								
ري وي	Œ	Villa St. N	lichae	1								
1, 2,	FUNERAL DIRECTOR	RESIDENCE OF DECEDENT										
Pages	I I	10e. STATE	10b. COUNT			10c.						
2	ā	MD	Fre	derick								
permit.	4	10s. STREET AND NUMBER										
TANK TO THE PARTY OF THE PARTY	ER	333 S. Seto	333 S. Seton Avenue									
ician. M-tras	S	11. MARITAL STATUS			IT EVER IN U.S. AF							
phys buri			Married		MAR OR DATES	NO						
ding ding	BY	3 Wildowed 4 Divorced										
LAND 21203-3146 by the hospital or attending physician. be detached for use as the burial-transit at once.	COMPLETED	15. DEC (Specify onl)	16a, Di	ECEDEN								
212		Elementery/Secondery (0		College (1-4 or 5	364	. Do NO						
D Spitt	MP			5+		Tea						
AND the hos detach	00	17. FATHER'S NAME (First, M	liddle, Last)									
× 3 5 7	ш	Michael J.	Fitzs	immons								
BALTIMORE, MARYLAND 21203-3146 to death. Page 6 may be retained by the hospital or attending physite funeral director, page 5 should be detached for use as the buril val.	TO B	19a. INFORMANT'S NAME (7				b. MAII						
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ALTIMORE, N death. Page 6 may be funeral director, page warminer must be a		20e. METHOD OF DISPOSIT		aumi from State	20b. PLACE other p							
ORE e 6 mar ector, p		4 Donetion 5 Other		IOVAII ITOMI STARE	- Other p	ece)						
Pag Pag		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSITE 1								
ALTIMOF death. Page 6 threral directo d.		> Umn	m	Shill	1							
By after of the removal.		23. PATVI. Enter the d		anno Hootlana dh	A							
ST III		ahock, or h	eart failure.	List only one ca	use on each line	eath. I						
	2	IMMEDIATE CAUSE (Fir	nal	//.	t.	Do						
tely mat		disease or condition resulting in death)	<b>→</b>		ma	ICE						
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RECORDS, P.O. BOX 13146, requires that the death certificate be executed with earlier that the death certificate be executed with or signed by the attending physician and complete of Reath and Mental Hyghere prior to burial, complete server shows any Injury, or other traumatic even	MEDICAL CERTIFICATION	PART II. Other aignifica	ent condition	na contributing to	death but not	reault						
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	PHYSICIAN	25. WAS CASE REFERRED 1	O MEDICAL			_						
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Clan Clan	148	1 YES 2 KNO		28a, DATE O	ER/Outpatient	26b.						
N OF VITAL NG PHYSICIAN: The law filer this certificate has eath with the State Dep marked, or Item 23			Pending		Day, Year)	200						
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ISIC TTEND TTOR: / after d	ED	3 Suicide 8 4 Homicide	Could not be determined	building	, etc. (Specify)	orre, re						
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O O O O	百	The second secon		ICIAN: To the best o								
C EN	COMPL	2 MED	ICAL EXAMINE	ER: On the bests of	nation end/or	Investi						
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	BE (		(1)	at	000	a						
	5	30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAL	SE OF DEATH (ITI	EM 27)						
. Labour	Marry.	AT ANT OAK	DDATT	3.6 73		~~~						

							2. DATE OF DE MONTH Decembe	DAY	3. TIME OF DEATH  2:50 D N				
4. SOCIAL SECURITY NU	IMBER	5. SEX 6. A	AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	TH	6. BIRT	THPLACE (State or Foreign	
229-58-93		1 □ M 2 💢 F	87	7 YRS.	MONTHS	DAYS	HOURS	MIN.	May 16	, 1905	Ball	Ltimore MD	
Villa St.	Michae						burg	ON OF DE	HIA		eder:		
10a. STATE MD					10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
					Emmitsburg					I m. d	1 TYES 2 NO		
	De. STREET AND NUMBER					101. ZIP CODE 21727						S.A.	
11. MARITAL STATUS 1 Never Married 2	MARITAL STATUS  Mever Married 2 Married 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES				RMED 13. WAS DECENDENT OF HIS				PANIC ORIGIN? (Specify Yee or No—icen, Puerto Ricen, etc.)			14. RACE — American Indian, Black, White, etc. Specify:	
3 Widowed 4 🗆 🛭	Divorced						2 23 110	Option,			1	White	
15. E (Specify	DECEDENT'S ED	UCATION de completed)	16a, DE0	CEDENT'S	USUAL O	CCUPATI during m	ON ost of workin	Þά	16b. KIND	OF BUSINESS/	NDUSTRY		
Elementery/Seconder	College (1-4 of 5+)				Give kind of work done during most of working  De NOT use retired.)  Teacher					hters	arity		
17. FATHER'S NAME (First	t, Middle, Last)						16. MOTI	HER'S NA	ME (First, Middle,				
Michael J	. Fitzs	simmons					T	here	sa Gaha	n			
19a. INFORMANT'S NAMI	E (Type/Print)		196	. MAILING	ADDRES	S (Street	and Number	or Rural	Route Number, City	y or Town, State,	Zip Code)		
Sister Vi	rginia	Cotter/Adm:	in.	333	5. S	eton	Ave	. Em	mitsbur	g, MD	2172	27	
20e, METHOD OF DISPO 1 X Burlel 2 Creme 4 Donetton 5 Ot	ation 3 🗆 Rei	moval from State	20b. PLACE other pla	OF DISPOS			metery, crem	netory or		20c. LOCATION EMMTTS		Town, Btate , MD 21727	
23. PAND I. Enter the ahock, or immediate CAUSE (disease or condition resulting in death)	r heart fallure (Final	complications that ce List only ope cause a	on each line	PLU DUENCE OF	ol	the m	all	Ing, suc	h sa cardlec o	r reaplratory	arreat,	Approximate interval Between Onset and Death	
Sequentielly list con if any, leeding to im- cause. Entar UNDER CAUSE (Disease or i that initiated eventa resulting in death) L	mediate ILYING injury	DUE TO (OR	AS A CONSEC	rot	Pir Ada Pi:	Iv	ul	fic	iency	and			
PART II. Other algnit	licent condition	one contributing to dea	nth but not r	eaulting	In the u	nderlylr	ng cause	given in		WAS AN AUTOP: PERFORMED? YES 2 X NO		44b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRE EXAMINER?	D TO MEDICAL	HOSPITAL:	Wednesday 2	□ noa	OTHE	R:			neck only one)				
27, MANNER OF DEATH 1 🖔 Netural 5	Pending	28a. DATE OF INJ (Month, Day, )	URY	26b. TIM	-	28c. IN	JURY AT ORK? YES 2		6 Other (Spec 28d. DESCRIBE	E HOW INJURY	DCCURED		
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF IN	IJURY — At ho (Specify)	me, ferm,	street, fac	tory, offi	ce		28f. LOCATION City or Town		ber or Rura	al Route Number,	
		SICIAN: To the best of my										e(e) and manner ea stated,	
296. SIGNATURE AND TO	U	lat	au	all	1	M	1000	-196				EC. 92	
		, M.D.,				EMM]	TSBII	RG	MD. 217	27			
31. DATE FILED (Month)	20° 16412000	32. REGISTRAR'S	SIGNATURE !	.00_									

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**DHMH-16 Rev 1/89** 

1 - FOR STATE REGISTRAR

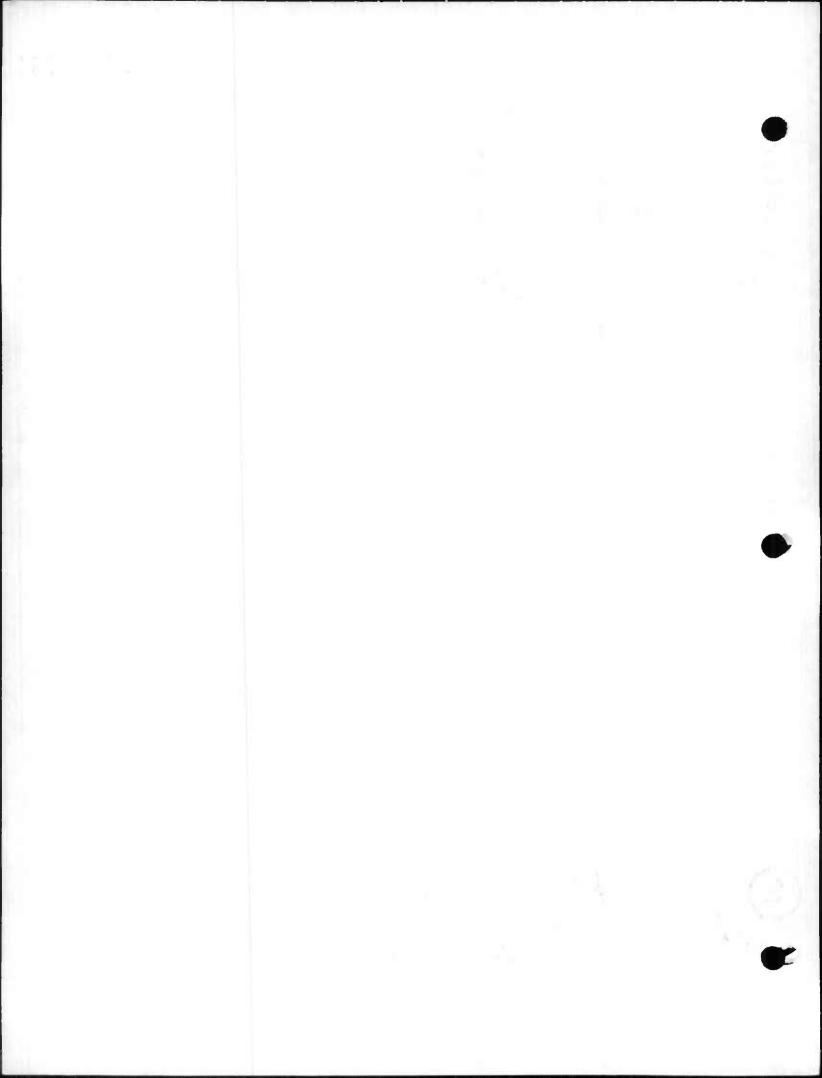
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1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Dec. 24, 1992 William Edward YEAR FLATR 2:37 PM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH
(Month, Day, Year)
May 13, 1910 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HPS. 214-10-2603 Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick XX YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 414 Sherman Avenue use as the burial-transit 21701 U.S.A. lage 6 may be retained by the hospital or attending physician. director, page 5 should be detached for use as the burial-trans 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 VES 22 ANO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2XXMarrie BY Specify White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) Machinist **US** Government once. 17. FATHER'S NAME (First, Mickella Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Peter Edward Flair Carrie Elizabeth Zepp Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Mrs. Miriam P. Flair 414 Sherman Ave., Frederick, Maryland 21701 hours after death. Page 6 may be 90 20s. METHOD OF DISPOSITION

1 Parish 2 Cremation 3 Ref
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Mount Olivet Cemetery Dec. 28, 1992 Frederick, Md. 21701 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Richard Keeney and Basford P.A. Funeral Home MO0255 106 East Church St., Frederick, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between 0 **Onset and Death** IMMEDIATE CAUSE (Final completely filled traumatic event, the disease or condition resulting in death) Candito executed within DUE TO (OR AS A CONSEQUENCE OF): nding physician and con Hygiene prior to burial, entricular CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING attending physician MYOCONDIO V100 certificate CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 requires that the death has been signed by the atter Dept. of Health and Mental PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? / MEDICAL shows any 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Hem State EXAMINER? this certificate OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA DEPITAL OR ATTENDING PHYSICIAN: me 5 - Residence & Other (Specify) the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Ybar) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, WITH 5 Pending Investigation 1 YES 2 NO DIRECTOR: After to hours after death item 28 is mar BY death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER
(Chack ank)

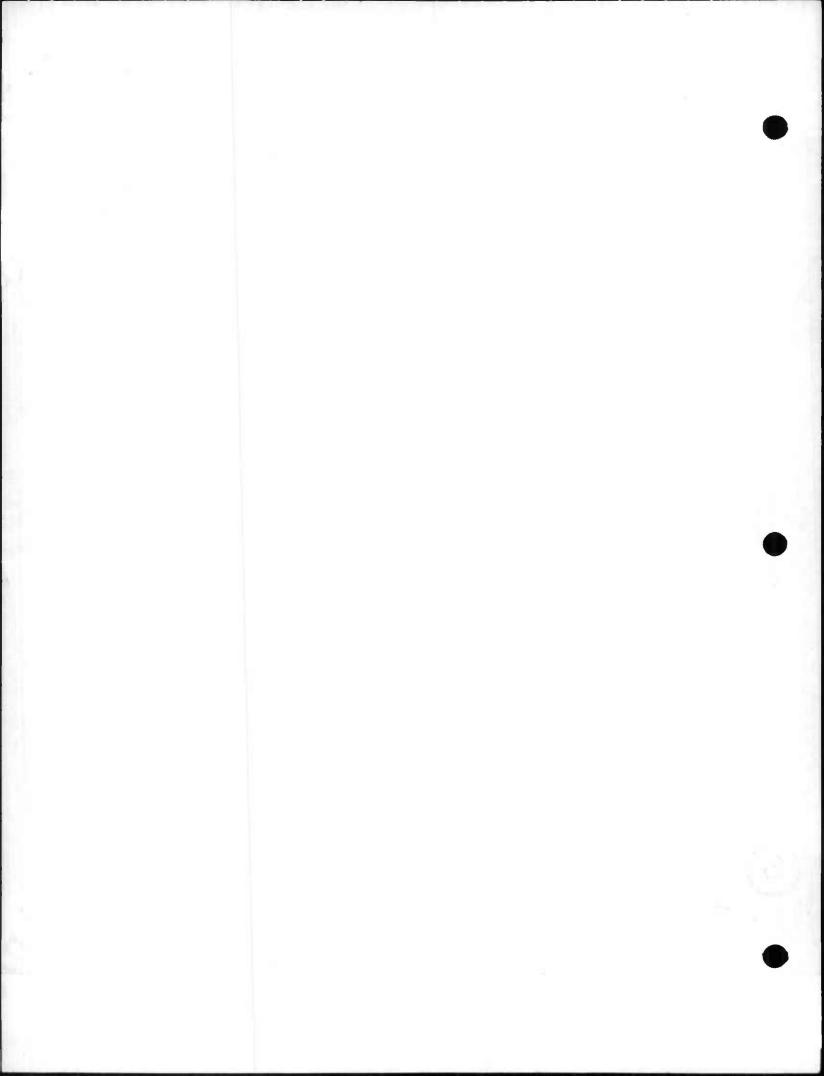
1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated. FUNERAL ( the filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 医型 1az 443057 121 124 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT M 27) (Type, Print) Con DIBLOOM ź RICHTAD W. HENNIG JV. D.O. 310 W 97457 Frepanice 31. DATE FILED (Month, Day, Year)
DEC 2 8 32. REGISTRAR'S SIGNATURE Lulia Tayason-Randale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



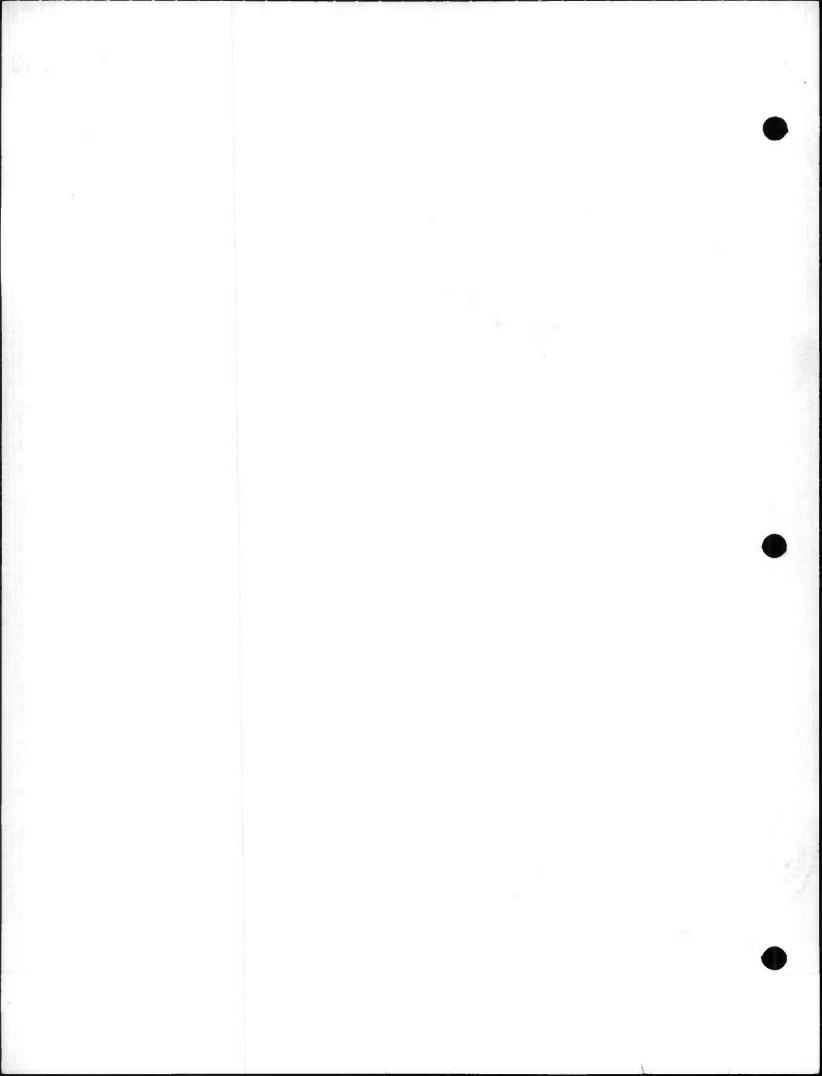
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OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re-	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 : 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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		FOR STATE REGISTRAR	STATE OF MARYL			TMENT OF			D ME	NTAL HYGIEN REG. NO			00.02		
		1. DECEDENT'S NAME (First, Middle, Last)  EDWAR  4. SOCIAL SECURITY NUMBER	D FC	D FONVILLE						2. DATE OF DEATH MONTH DAY			3. TIME OF DEATH A 5'58 M		
		237-09-2605	5. SEX  6. AGE (In yrs. list birthday)  1 XM 2 F 76 YRS.				FUNDER 1 YEAR IF UNDER 24 HRS.  ONTHE DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) 7/7/16			8. BIRTHPLACE (State or Foreign Country) North Carolina		
	TOR	90. FACILITY NAME (If not institution, give street and number)  SOUTHERN MARYLAND HOSPITAL CLINTON, Md.  PRINCE GE  RESIDENCE OF DECEDENT													
DIRECTOR		Md. Prince George			10c. CITY, TOWN OR LOCATION  Ft. Washington						10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	ERAL	100. STREET AND NUMBER 7616 Blandford					0786			VHAT COUNTRY?					
BY FUNERAL		11. MARITAL STATUS 1 Nover Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI			2 NO If yes, specify Cuben, Mexica					n. Puerto Rican, etc.i Blac			E — American Indian, k, White, etc.		
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(G		USUAL OCCUP rork done during e retired.)		working		16b. KIND OF BUSINESS/INDUSTRY						
CG.	MPL	9th 17. FATHER'S NAME (First, Middle, Last)	Lat	orer					Industry Company						
2	BE CC	Ed Fonville		18. MOTHER'S NAME (First, Middle, Melde Iona Hester							1 Surname)				
notifie	0	194. INFORMANT'S NAME (Type/Print)  Charles Fonville	1	9b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
et pe		20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF													
E .		4 Donation 5 Other (Specify) Church Cemetery 12/19/92 Burlington, NC  21. SIGNATURE OF FUNERAL SERVICE DUTHEE 22. NAME AND ADDRESS OF FACILITY													
examir	ij	Frazier's Funeral Home, 389 Rhode Island Ave., N.W.													
event, the medical												Approximate interval Between Onset and Death			
01	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.													
shows any inju	IAN: MEDICAL C	PART II. Other aignificant condition	out not r	t resulting in the underlying cause given in					24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
Item 23	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:													
0	SHT.	1 YES 2 NO 27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	patient 3	28b. TIMI	OF 28c.	INJURY		1	Other (Specify)  I. DEŞCRIBE HOW I	NJURY OC	CURED			
	7	1 Natural 5 Pending Investigation		INJURY WORK?  M 1 YES 2 NO					71 - 11-X-						
28 15		3 Suicide 6 Could not be datermined	— At ho	t home, farm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
E II Ibn	COMPLE	29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
HO4	ii ii	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)													
-	2	30. NAME AND ADDRESS OF PERSON WH		ATH (ITE					7.4	- Ma	.00	20	12-411		
		31. DATE FILED (Month, Day, Year)  JAN 0 0 1993 9	32. REGISTRAN'S SIGN	ATURE		CINVIEU	O DA	-/ 3	اننام	E, Md.	do	117	-0		



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	20 109	7	1 🗆 M 2 😾 F	AGE (In yrs. I	YRS.		AYS HOURS MIN.	Fe	onth, Day, Year)	922	BIRTHPLACE (State or Fore Country) Kansas
	ONS COM	munit	y Hospital			Lanha	MN OR LOCATION OF	DEATH		Prince	George's
Docation State  Mary	land	Princ	r ce Georges			own on L	OCATION				10d. INSIDE CITY LIMITS?  KX YES 2 N
280	6 Stony	brook	Drive				10f. ZIP CODE 20715				ted States
∑ 3 □ Wido	L STATUS  Married 2\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\		12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 5		If ye	DECENDENT OF HISP is, specify Cuban, Mex YES 2500NO Spe	Ican, Pue		or No.— 14.	RACE — American Indian Black, White, etc. Specify: White
Elemen 17. FATHER		EDENT'S EDU highest grade		- (	DECEDENT'S US (Give kind of wor life. Do NOT use i	k done durir	PATION ng most of working	3	16b. KIND OF BUS	SINESS/INDUST	тну
<u>4</u>	12		2		Jewele	r			Self	Emplo	yed
O 17. FATHER	'S NAME (First, Mic			100					st, Middle, Maiden	Sumame)	
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O I INL. INITON	MANT'S NAME (Ty			1			reet and Number or Run				
	eRoy E.		<u> </u>				brook Dri	ve			0715
1 🗆 Burle	2 M Cremation	n 3 🗆 Rem		cemetery, c	E AND DATE OF tremetory or othe	r placel	•	0	ATE 20c. LO	CATION — City	or Town, State
	URE OF FUNERAL			Metro	polita		ematory		A]	Lexandi	ria Virgini
21. SIGNAL	D1.+	SERVICE LIC	Evans		)		all-Evans			ne P A	Δ
NO Sequenti if any, le cause. E CAUSE (i that initia	in death)  ally list condition ding to immed ther UNDERLYIP Disease or injur- ited events in death) LAST	late NG Ty	a Cir	AS A CONS	EOUENCE OF):	By	G60				
			d		00 /						<u> </u>
MEDICA	Other significan	nt condition	a contributing to dea	ith but not	resulting in	the under	rlying cause given	In Part I	. 244. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINI AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1  YES 2 NO
O EXAMI		MEDICAL	HOSPITAL:			THER:	8. PLACE OF DEATH (	Check onl	y one)		
∑ 1 □ Y	S 2 NO		1 Inpatient 2 ER		3 🗆 DOA   4	☐ Nursing	Home 5 - Residence	1			
à 6 %	tural 5 P	Pending nvestigation	28a. DATE OF INJU	bar)	28b. TIME (	M 1	WORK?		DESCRIBE HOW II		
3 Su 4 He		Could not be letermined	28e, PLACE OF IN- building, etc.	(Specify)	norm, serm, sto	ret, rectory,	Grica	28t. (	OCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
29a, CERTI	only CERTI		CIAN: To the bast of my								euse(e) and manner as stat
O one)											
39b. SIGNA	TURE AND TITLE		65	0			29c. LICENSE N	UMBER	2	29d. DATE SE	IGNED (Month, Day, Year)
E SIGNA	TURE AND TITLE	OF CENTIFIE	O COMPLETED CAUSE O	F DEATH (IT			DZ6	190	0 1-6 k	12	GNED (Month, Day, Year)



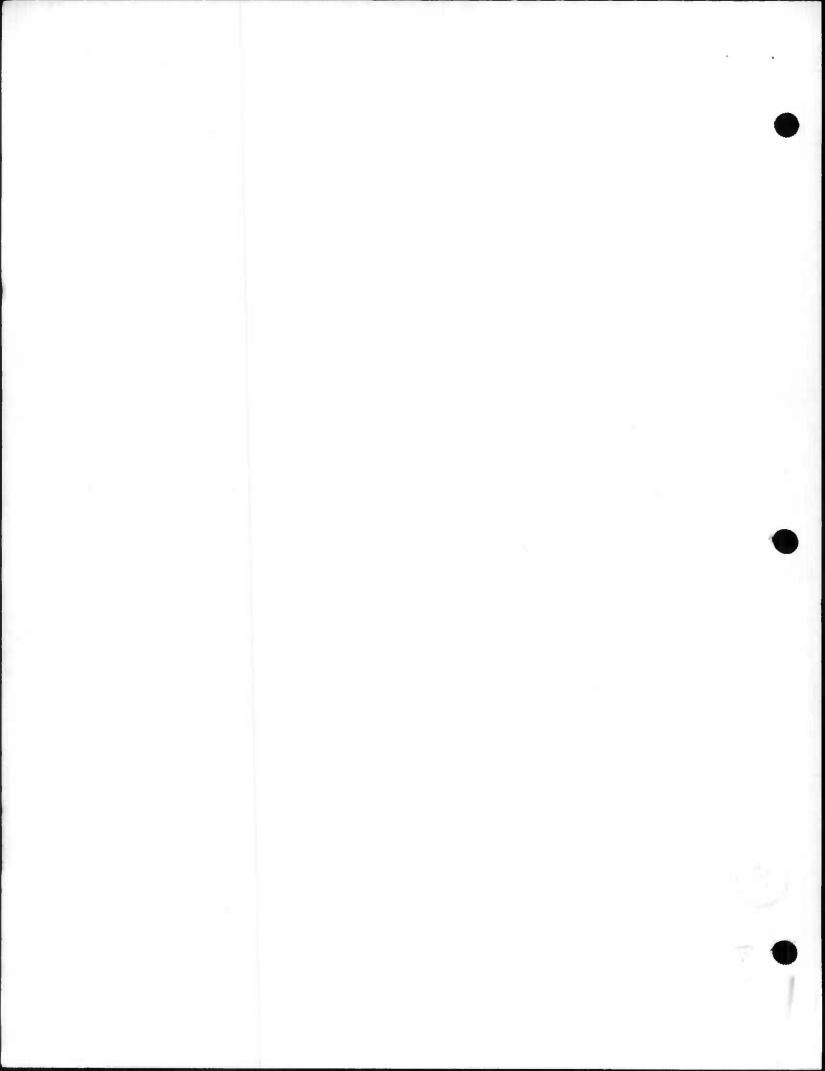
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OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed writtin subjust after death. Page 6 may be retained	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	han 90 is marked or liber 22 shows any injury or other trainmetic event the medical evaminar must be notified

OECEOENT'S NAME (First, Middle, Last)									REG. NO	12/21	1/92	12:40 3. TIME OF DEATH
	Lo	ouise	A. G	aver					-	4-93	, , , , , , , , , , , , , , , , , , ,	12 AM
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER t	YEAR DAYS	IF UNDER	R 24 HRS.	7. DA	TE OF BIRTH onth, Day, Year)		Count	HPLACE (State or Foreign
212-38-7665	1 D M 2 KF	86	YRS.	MORTES	UM TO	House	Miles.	1	2/08/	106	l l	Maryland
e. FACILITY NAME (If not institution, give str	0.0000000000000000000000000000000000000			9b. CITY, T						9c. COI	JNTY OF	DEATH
WONTH HAMPTON	MANOH	-		Frea	ri	ck	· h	D,		I	rede	erick
RESIDENCE OF DECEDENT  106, STATE  106, COUNTY			10c, CIT	Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY
Maryland Fre	ederick					t Ai	7*1/					LIMITS?
De. STREET AND NUMBER	2002 2011	-				, ZIP COD				10a. CI	TIZEN OF	WNAT COUNTRY?
12820 Old Na	tional F	Pike			1	2]					US	
1. MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT	T EVER IN U.S. A		10 1	yes, sp	ecify Cube		nn, Puer	GIN? (Specify Yes to Rican, etc.)	s or No—	Spec	E — American Indian, ik, White, etc. bily: Vhite
15. DECEDENT'S EDUC		18a, S	ECEDENT'S	USUAL OCC	CUPATIO	ON		1	16b. KIND OF BU	SINESS/IN		1122 00
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+	)		work done du se retired.)		est of world	mg					
	4		I	'eache	r				Eleme	ntar	y Sc	hool
, FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (Firs	t, Middle, Malden	Surname)		
John W.	Penn						Id	la	Mae Bu	rdet	te	
na, INFORMANT'S NAME (Type/Print)									umber, City or Tow			
Lavinia W. Kelle	ey		1400	Long	Co	rner	Rd.	, P	fount A	Lry,	Md.	21771
I. SIGNATURE OF FUNERAL SERVICE LICE				22. N	AME A	NO ADDRE	ESS OF FA	Inc.		ethes	-	
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shock, or heart failure. L MMEDIATE CAUSE (Final ilsease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	moleon  moleon		EOUENCE C	not enter the	11n 640 the mo	L. Ol Ri ode of dy	Mole dge ying, suc	Rd .	. Damas	A. SCUS	rrest,	Approximate Interval Betw
shock, or heart failure. L  MMEDIATE CAUSE (Finel ilsease or condition resulting in death)  Sequentially list conditions, f any, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST	Due To	OR AS A CONS	EOUENCE O	not enter the supplemental supp	11n 640 he mo	L. Ol Ri Ol Ri Ca	Moledge dge ring, suc	Rd .	Damas	A. SCUS, illratory a	rrest,	Approximate interval Betwonest and D Tmmd  Signo
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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	A. DIRECTOR: After this certificate has been signed by the attending physic tours after death with the State Dept. of Health and Mental Hygiene principle.	ther
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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)  JOSEPH	SAMUEL				HARD	ING		Mid	ATE OF DEATH DA	24,19	YEAR 92	3. TIME OF 4:00	
	4. SOCIAL SECURITY NUMBER 214-12-7757	5. SEX 1 ★ M 2 ☐ F	8. AGE (In yrs. las	si birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS, MIN.	(A	ATE OF BIRTH fonth, Day, Year)		Countr		or Foreign
	9a. FACILITY NAME (ti not institution, give s		73		9b. CITY	, TOWN O	R LOCATI	ON OF DE		erch 3.		Mar NTY OF D	vland EATH	
OR O	PHYSICIANS MEMORI	CAL HOSPIT	ΓAL		LA	PLAT	'A				CHAR	LES		
ECT	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE	CITY
FUNERAL DIRECTOR	Maryland St	. Mary's		Me	chan	icsv	ille						1 YES	
3AL	10e. STREET AND NUMBER					1.0	ZIP CODI				10g. CITI		WHAT COUNT	RY7
NE	4210 Mechanicsvil	le-Chapti		MED	12		2065		uc on	IIGIN? (Specify Yea	as No.		S.A. E — American	Indian
BY	1 Never Merried 2 Married 3 Widowed 4 Divorced		YES 2 XI				elfy Cuba	n, Mexica	n, Pue	rto Rican, atc.)	or No.	Bleck	k, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION a completed)	/G	ECEDENT'S	work done			ng	Т	16b. KIND OF BUS	SINESS/IND	USTRY		
P.E.	7th Grade	College (1-4 or 5+)	) life	Cont	,	02				Saho	ol Bı	110		
₩ O	17. FATHER'S NAME (First, Middle, Last)			COITE	Tact		18. MOT	HER'S NA	ME (Fi	rst, Middle, Maiden		122		
BE C	Samuel Willia	m Har	ding				Sar	ah		Jane	Tip	ppet	t	
2	19a. INFORMANT'S NAME (Type/Print)									Number, City or Town				0659
	Mary Catherine Ha	rding	20b. PLACE						har	otico Rd	. Med			lle, Md
	1X Burlet 2 Cremetion 3 Rem 4 Donation 5 Øther (Specify)	loval from Stata	St.	lace)									arylan	d
	21, SIGNATURE OF FUNERAL SERVICE LI	1/ 1/4				NAME AN								
	Maura 1	6 fille	nuns							iner Fur onardtow				
	23. PART I. Entar the diseasea, or ahock, or heart failure.				not antai	r the mo	de of dy	ing, auci	h ae i	cerdiec or reapi	ratory arr	eat,	Appn	oximate ral Batween
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	. CRY	dia	-YC	301	Las	Dy	-7	4	rest			Onse	t and Daath
_		TOUE TO	OR AS A CONSE	OUENCE	AA	1/L	11							
CERTIFICATION	Sequantially flat conditions, If any, leading to immediate	DUE TO	OR A CONSE	OUENCE C	h:	1	7							
-ICA	CAUSE (Disease or Injury	a 201	S C C	OUENCE C	LIV									
FILE	that initiated events resulting in death) LAST	HINE	UM	ON	NO									
	PART, II. Other significant condition	or contribution to	death but not	daulting	in the or	ndartidite	COURS	alven in	Dart	L 24e, WAS AN	AUTORY	241	WERE AUTO	DEV FINDINGS
CAL	Chronic	Kengl		lus		0	WO	lla	Ĉ.	PERFOR	MED?	-	AVAILABLE F	RIOR TO
MEDI	asvietun	was :	Ana	DV	16	2				1 123 2	The state of the s		OF DEATH?	2 🗌 NO
N.			, , ,	-032										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:			OTHE	R:		EATH (Ch						
HYS	27. MANNER OF DEATH	1 Umpetient 2   28a. DATE OF	INJURY	28b, TII	AE OF	28c. INJ	URY AT	esidence		Other (Specify) DESCRIBE HOW I	NJURY OC	CURED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, De	ly, Year)	IN.	JURY		RK? /E6-2	□ NO		6		-		
COMPLETED E	3 Suicide S Could not be determined	28e. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, ferm,	atreet, fac	tory, office			261.	LOCATION (Street a City or Town, State)		or Rurel	Route Number,	
PLE		SICIAN: To the bast of	my knowledge, d	eath occur	red at the	time, dete	and place	, and due	to the	cause(a) and mer	nner aa atal	ted.		
NO.	MEDICAL EXAMIN	ER: on the beele of ex	ramination and/or	Investigati	on, in my	opinion, d	eath occu	red at the	time,	dete and piece, an	d due to th	te cause(i	a) and manne	r as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	MAN	0					ENSE NUI			29d. DAT	SIGNE	(Month, Day	Ton .
0	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALK	SE OF DEATH //TE	EM 27) (%	e. Printi	70 5		3021	_	D4 C		04	07	11/
-	Sanjeeb K. Mish		- 4. 444111 (116		-,					Rd., Ce and 2060		Cent	er	
	31, DATE FILED (Month, Day, Year)	32. REGISTRAL	R'S SIGNATURE	202		maxu	,	1101	11	200C				
	DEC 28 '92	give vavia	Moi I											



E FINESTAL ORECTOR After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be form 23 in marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

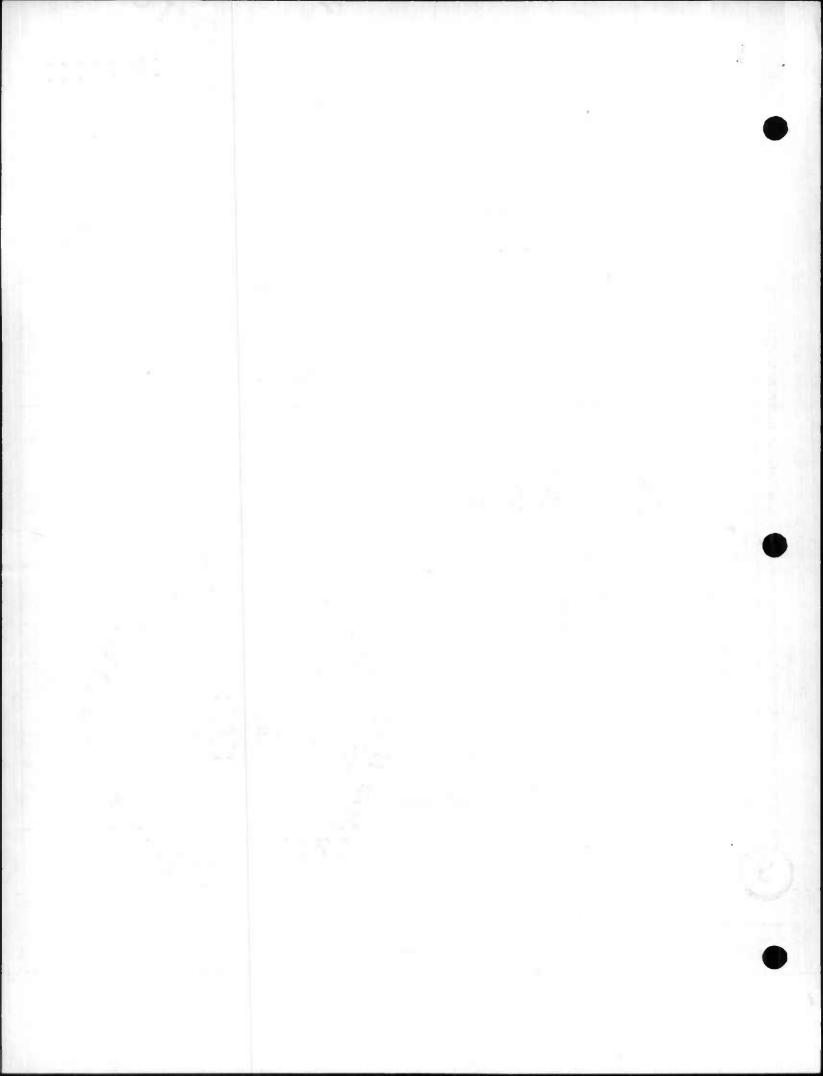
REG. NO.

0.00	1. DECEDENT'S NAME (First WILLIAM WAF	RREN C	LARKE HO	OPER						2. DATE OF MONTH	DEATH 2	Ö 199	YEAR	3. TIME OF DEATH 06:55 A M
	4. SOCIAL SECURITY NUMBER 214-28-9955		5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF			8. BIRTH	PLACE (State or Foreign
OR	90. FACILITY NAME (If not in VA MEDICAL					1		OR LOCATI					TY OF DO	EATH
RECT	RESIDENCE OF DEC	10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
L DIF	MARYLAND  10a. STREET AND NUMBER	ST. 1	MARYS		RI	DGE								LIMITS?
ERA	BOX 141A ST	AR ROL	JTE				101	2068						STATES
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2 S  3 Widowed 4 ADivo		FORCES?	TEVER IN U.S. AR	MED 10		If yes, sp	ENDENT Concept Cube	n, Mexican	IC ORIGIN? (	Specify Yes en, etc.)	or No-	14. RACE Black Specifi	— American Indian, , White, etc. y: WHITE
COMPLETED	15. DEC (Specify only Elementary/Secondary (0 12th Grade	EDENT'S EDU y highest grade 1-12)	CATION completed) Cotlege (1-4 or 5	+) (G.	CEDENT'S two kind of the NOT us CLERE	work done se retired.)	during mo	ON ost of working	10		OCERY			
SOM	17. FATHER'S NAME (First, M						_			ME (First, Midd	tle, Maiden :		123	
BE	SILAS GILBI		OPER			.2000				AE CLA				
2	JOHN BARTLE	200	TAM							oute Number, ARYLAN			Gode)	
	METHOD OF DISPOSITI	ION on 3 🗆 Rem	oval from State	20b.PLACE A cemetery, cre St. Mi	AND DATE	OF DISPOS	SITION (Na	me of		DATE	20c. LOC	CATION —		
	21. SIGNATURE OF PUNERAL		ENDED )	ISC. MI	cnae	22.	NAME AF	ND ADDRES	S OF FAC	YTLI	Ridg			
	Storia	PA,	Juin	m										e, P.A. and 20650
CERTIFICATION	23. PART I. Enter the di shock, or he indicate cause (Fin disease or condition resulting in death)  Sequentially list conditi if any, leading to immercause. Enter UNDERLY! CAUSE (Disease or inju	cona, dilete	ASPIR DUE TO  OROPHA	ATION PN (OR AS A CONSED ARYNGEAL (OR AS A CONSED	EUMO OUENCE O	NIA D: CINO		de of dyl	ng, auch	as cardied	or reaple	ratory arr	eat,	Approximate Interval Batween Onset and Death HOURS  3 YEARS
CERTIF	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSED	UENCE O	F):								
MEDICAL	S/P FEEDIN OLD LEFT C	G GAS		deeth but not re	eeuiting i	in the ur	nderlying	g cause g	iven in P		PERFORI	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 X NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Chec	ck only one)				
HYS	1 YES 2 X NO		1 Nopatient 2 26e. DATE DF	ER/Outpatient 3	DOA 26b, TIM	4 🗆 Nur				Other (S		HIM 000	HEED	
ВУ Р		Pending nvestigation	(Month, D		INJ	M	1 🗌 Y	RK? rES 2	- 1	200. DEGON	BE NOW IN	JOHY OCC	ONED	
		Could not be determined	26s. PLACE O building,	F INJURY — At hor etc. (Specify)	me, farm, s	street, fect	ory, office	•		28f. LOCATIO	ON (Street or own, Stelle)	nd Number	or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFIER 2 MEDIC	IFYIND PNYSIC	CIAN: To the best of R: On the basis of a	my knowledge, dec xamination and/or is	nth occum	ed at the t	ime, date	end place,	and dua to	o the cause(	e) and many	ner se state	id, cause(s)	and menner as stated.
TO BE C	29b. SIGNATURE THO TITLE	0/	won					29c. LICE	NSE NUME	BER			2-30	Month, Day, Year)
-	30. NAME AND ADDRESS OF PETER JUVAN,	M.D.,	VA MEDI	CAL CENT	27) (Type, ER,	Print) FORT	HOV	VARD,	MD	2105	2			
	31. DATE FILED (Month, Day, 1) DEC 3		22 DECICTOR	Day Son-W										

July Holins

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	- V	1. DECEDENT'S NAME (First Mary Evel	yn l	HICKS							MONT	of DEATH		992	3. TIME OF DEATH 8;50 pm	M
		4. SOCIAL SECURITY NUMBER	BER	5. SEX	8. AGE (In yrs. Is	ast birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreig	pri In
-		426-84-3119	9	1 🗆 M 2 🔀 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan	1, Day, Year)	1934	Country	ryland	
should	~	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF D	EATH			NTY OF DE		
2, 8	DIRECTOR	Franklin So	nuare	Hospital			Ba	ltin	ore				Balt	imor	e County	
Pages 1,	EC	10a. STATE	10b. COUNT			10c. Cl	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY	_
2	D	Maryland	Balt	imore		В	altir	nore	9						LIMITS?	)
permit.	MI	10e. STREET AND NUMBER						10	H. ZIP CO	Œ			10g. CITI	ZEN OF W	HAT COUNTRY?	
an. Transit	FUNERAL	2941 Manns	Avenu						212					S.A.		
21215-0020 all or attending physician. for use as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 State Widowed 4 Dive		FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		. /	If yes, s	CENDENT pocify Cub S 2 NO	en, Mexic	an, Puerto	f? (Specify Ye Ricen, etc.)	s or No—	Specifi Whit	— American Indian, White, etc.	
215 attend se as	ETED		EDENT'S EDI		16a. D	ECEDENT'S	S USUAL O	CCUPATI	ION	-	16b	KIND OF BU	SINESS/INC	DUSTRY		
10 m	Ē	Elementary/Secondary (I		College (1-4 or 5	+)	e. Do NOT I		aunng m	ost or work	ing						
retained by the hospital 5 should be detached to notified at once.	COMPL	9th Grade			I	louse	wife					Hon	W			
by the horbe detach		Joseph		ster	Evans				- 1			Middle, Maider		D	11	
retained by 5 should to	BE	19a. INFORMANT'S NAME (		ster			G ADDRES	R (Street	Ma	4		adelin		-	sell	_
	5	Ronald Crai		ks. Sr.								ore, M			21234	
BALLIMORE, or death. Page 6 may be the funeral director, page val.		20s. METHOD OF DISPOSIT	TON		20b. PLACE	AND DATE	OF DISPOS	SITION (N		, 20	DAT		CATION -			
De 6 ma irector, p		4 ☐ Donation 6 ☐ Other	(Specify)		st. J	ohn"	other place) S Cer	nete	ry	1/	4/93	Hol	lywoo	od, M	aryland	
ALIIN death. Pag e funeral dis f. examiner		21. SIGNATURE OF FUNERA	L SERVICE L	CENSEE					ND ADDR						, P.A.	
DALI nours after death. d in by the funers or removal. medical exami		Mucha	rel 7	Har	liner										and 2065	50
th certificate be executed within 24 ho ending physician and completely filled in Hygiene prior to burial, cremation, or or other traumatic event, the m	CERTIFICATION	disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ING Iry	. Thrombo	SIS OF OR AS A CONSI	Left COUENCE (	of): Circ of):	umf]		Artei	ry		V			
	R			d												_
requires that the been signed by 1 to 1 Health and shows any in	MEDICAL	PART II. Other algolitics	nnt conditio	ns contributing to	death but not	resulting	In the ur	nderlyir	ng cause	given in	Part I.	24a. WAS APPERFO	RMED?		WERE AUTOPSY FINDI MAILLABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
AL he lav has e Dep	SICIAN:	25. WAS CASE REFERRED T	O MEDICAL					28. P	LACE OF	DEATH (C	heck only or	00)			100	_
F VII AL ME SICIAN: The law req certificate has been the State Dept. of I, or Item 23 sho	Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 F	lesidence	6 🗆 Othe	r (Specify)				
를 돌돌 를 C	ву рну		Pending Investigation	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TH	ME OF IJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW	INJURY OC	CURED		
TTENDII A affer de 28 ls	ETED E	a [] a. t-14.	Could not be determined	28e. PLACE ( building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fac	tory, offic	ce		28f. LOC C/ty	ATION (Street or Town, State	and Number )	or Rural Ro	oute Number,	
日本 日本	COMPLE	former and 22		SICIAN: To the best of ER: On the basis of											and manner as state	d.
MPORTANT:	BE	29b. SIGNATURE AND TITLE	P	my	m	)			29c, LIC	ENSE NU	MBER 56	2	29d. DAT	e signed	Month, Day, Year)	
	10	Wail Assy	M.D.	9000	SE OF DEATH (IT)	Squ	e, Print) are I	r.	Ba1	timo	re, l	Md 21	237		1	
3		31. DATE FILED (Month, Day,	193		AR'S SIGNATURE	dell										T
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STATE	0F		DEPARTMENT				MENTAL	HYGIENE
		CE	ERTIFICATE	0	F DEAT	ГН		REG. NO.

REGISTRAR  DECEDENT'S NAME (First, Middle, Last)						2 6	ATE OF DEATH		1 2	TIME OF DEATH
ROSSID A. HI	or Kott						ONTH	DAY	YEAR 7.7	7:50 A H
SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bir	thday) #F	UNDER 1 YEAR	IF UNDER 2	HRS. 7. D	ATE OF BIRTH	1		ACE (State or Foreign
57801 6077	1 🗌 M 2 💢 F	87	YRS. MON	THS DAYS	HOURS	MIN. OC	t.13,19	005	Mary	land
na. FACILITY NAME (If not institution, give	street and number)		9b.	CITY, TOWN	OR LOCATION		0,10,10	_	ITY OF DEA	
MANN CARO	Mursing H	Lane		Lore	n	mark	and .	Prin	co 6	orges
RESIDENCE OF DECEDENT		N/IIE2			0, 11	HI YIN	no	17 7 7 7		DIGES.
0a. STATE 10b. COUNT				WN OR LOCA	TION				10	d. INSIDE CITY LIMITS?
	Arundel		Lothi					-		YES 2 NO
00. STREET AND NUMBER				10	I. ZIP CODE	1				T COUNTRY?
83 Edward Lane	T				2071	_			S.A.	
1. MARITAL STATUS  Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 NO	9	If yes, sp	pecify Cuban,	Mexican, Pu	RIGIN? (Specify Y erto Rican, etc.)	es or No-		American Indian, /hita, stc.
☐ Widowed 4 ☑ Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	3 2 🙀 NO	Specify:			Specify:	1)hito
15. DECEDENT'S EDU		16a, DECEL	DENT'S USU	AL OCCUPATI	ON		16b. KIND OF B	USINESS/IND	USTRY	omic.
(Specify only highest grad	Coffege (1-4 or 5+)	(Give I	NOT use ret	done during mi ired.)	ost of working					
10		HO	irdi	esser			Beauty	Shop		
7. FATHER'S NAME (First, Middle, Lest)					111111111111111111111111111111111111111		irst, Middle, Malde			107 1
William H. Unswo	orth				Jenr	nie Sc	haeffer			200
9a. INFORMANT'S NAME (Type/Print)	10.	19b. M	AILING ADD	DRESS (Street	and Number of	r Rural Route	Number, City or To	wn, State, Zip	Code)	-0 -2
Jeanie Kin	a (Sister	) 5	9 Edl	ward	Lai	e	Lothia	n. M	0 2	0111
10a. METHOD OF DISPOSITION	noval-from State	20b. PLACE AN	O OATE OF	oisposition	N (Nama	1		OCATION		, State
Donation 6 🗆 Other (Specify)		Cedar	Hill				8/92 Su	itlan		
SIGNATURE OF FUNERAL SERVICE U	CENSEE			22. NAME A	ND ADDRESS	OF FACILIT	Y			Suitland
2	V .									
23. PART I. Enter the diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e.	Deh	n. Do not o							Approximate interval Between Onset and Death
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shock of heart fellure.  IMMEDIATE CAUSE (Final disease or condition	e	n AS A CONSCOUR	Do not e							Approximate interval Between
shock of heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. DUE TO (O)  b. DUE TO (O)  c. OUE TO (O)  d.	AS A CONSEQUE	Do not e	onter the m	ode of dylin	g, such as	Cardiac or res	piratory arr	out,	Approximate interval Between
shock of heert feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	e. DUE TO (O)  b. DUE TO (O)  c. OUE TO (O)  d.	AS A CONSEQUE	Do not e	enter the m	ode of dylin	g, such as	Cardiac or res	piratory arr	24b. W	Approximate interval Between Onset and Death Onset and Death Error To MILABLE PRIOR TO MAPLETION OF CAUSE
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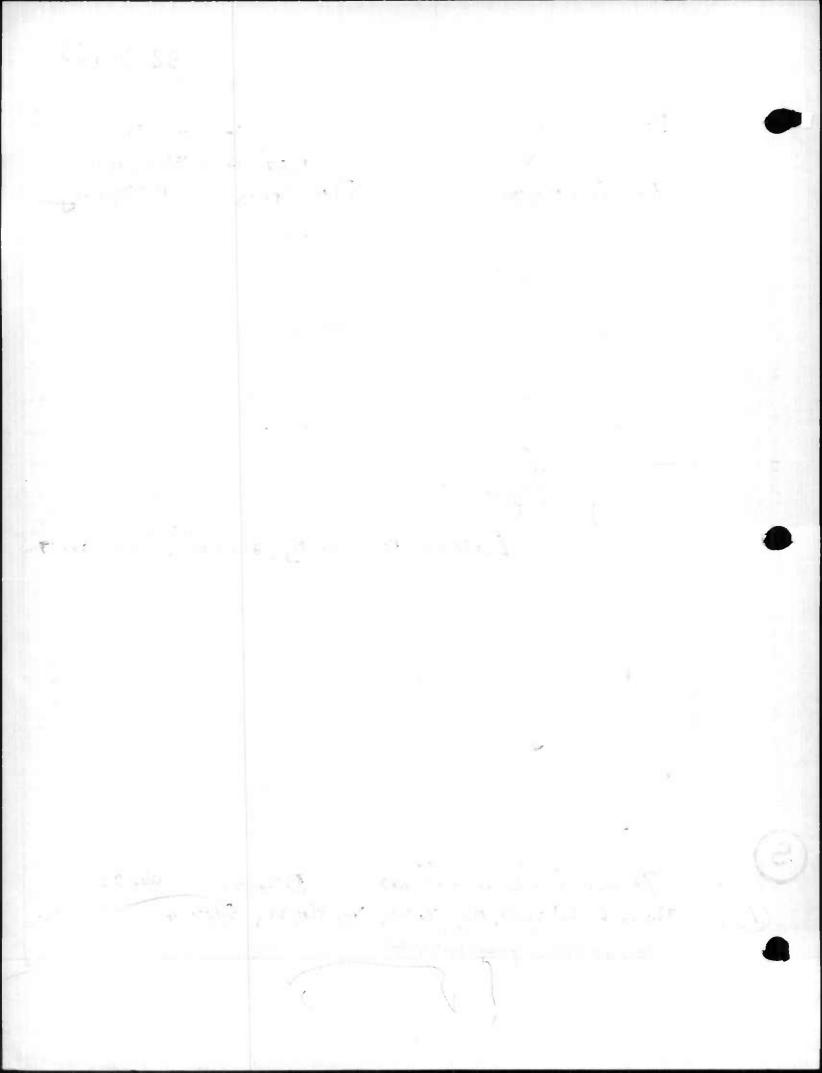
and the second and the second the the control and model to

Pages 1, 2, 3 should

TO THE EMBERY OF VITAL RECORDS, P.O. BOX 68760,  TO THE EMBERY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the EMBERY LORGYDR: After that with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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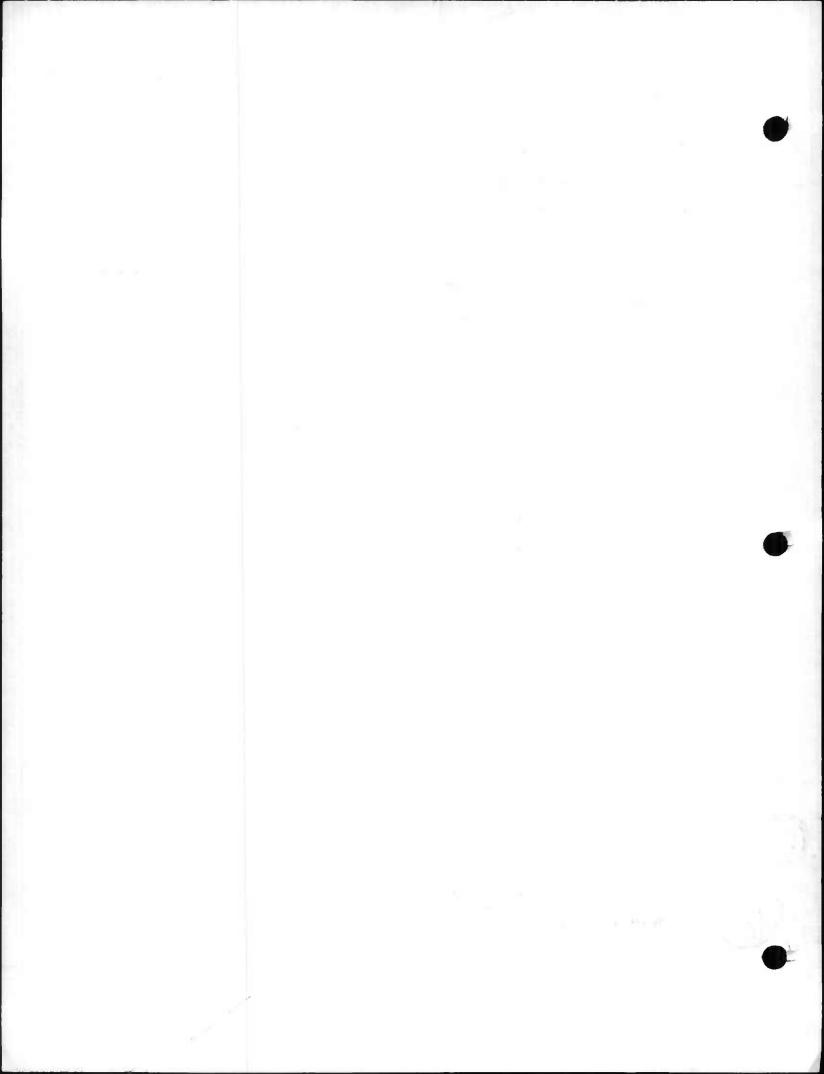
FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, L.	KOdbov IIIgi	vid Kennet	h Howard		MONT			YEAR	TIME OF DEATH	124
4. SOCIAL SECURITY NUMBER	5. SEX 8	. AGE (In yrs. lest birthde		IF UNDER 24 HRS.	7. DATE (Mont)	OF BIFTTH	_	992 BIRTHPLI Country)	OO45 ACE (State or Fore)	M
none	1 M 2 F	O YRS		1 57	19	D.	992	M	D	
90. FACILITY NAME (If not institution, g  # 6/4 CV354  RESIDENCE OF DECEDENT	Hupstel		96. CITY, TOWN	ver Spy	C LYLS		Sc. COUNT	n.Tgc	mery	
10e. BTATE 10b. CO	JNTY	- 275	shington						d. INSIDE CITY LIMITS?	)
100. STREET AND NUMBER 5040 Benningto	n Road S.E.			20019				U.S.A	T COUNTRY?	
11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I	YES 2 ND	If yes,	ECENDENT OF HISPA apacify Cuben, Mexic ES 2XX ND Speci	an, Puarto		or No 1	4. RACE — Black, W Specify:	American Indian, Thite, etc.	
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION rade completed) Cotlege (1-4 or 8+)	(Give kind life. Do NO	T'S USUAL OCCUPA of work done during in T use retired.)	TION most of working	16b	none	INESS/INOU	STRY		
17. FATHER'S NAME (First, Middle, Last		3,0		18. MOTHER'S NA	AME (First,		Sumame)	-		
Rodney A. Howa	rd			Carmen						
190. INFORMANT'S NAME (Type/Print)  Carmen L. Howar	d			Rd. S.E.					0019	
20a. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3 1  4  Donation 5 Other (Specify)	Temoval from State	206. PLACE AND DA cemetery, crematory, Metropoli	TE OF DISPOSITION	Name of		92 Ale				
21. SIGNATURE OF FUNERAL SERVICE	S S . A	recroport	22. NAME	and address of Fu	ACILITY		43	08 Su	itland	
IMMEDIATE CAUSE (Final	re. List only one ceuse			node of dying, suc					Approximate	
disease or condition resulting in death)	DUE TO (O	Treme R AS A CONSEDUENCE	Premat						Internal Bets	veen
	b. DUE TO (O	treme	Premater of:						Internal Bets	eath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	R AS A CONSEDUENCE	Premater of:	hs.'t5,	221		Sect 1	24b, Wf AWA	Internal Bets	yan,
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DHMH-18 Rev 1/89



DIMINION OF VITAL RECORDS, P.O. BOX 68760, (

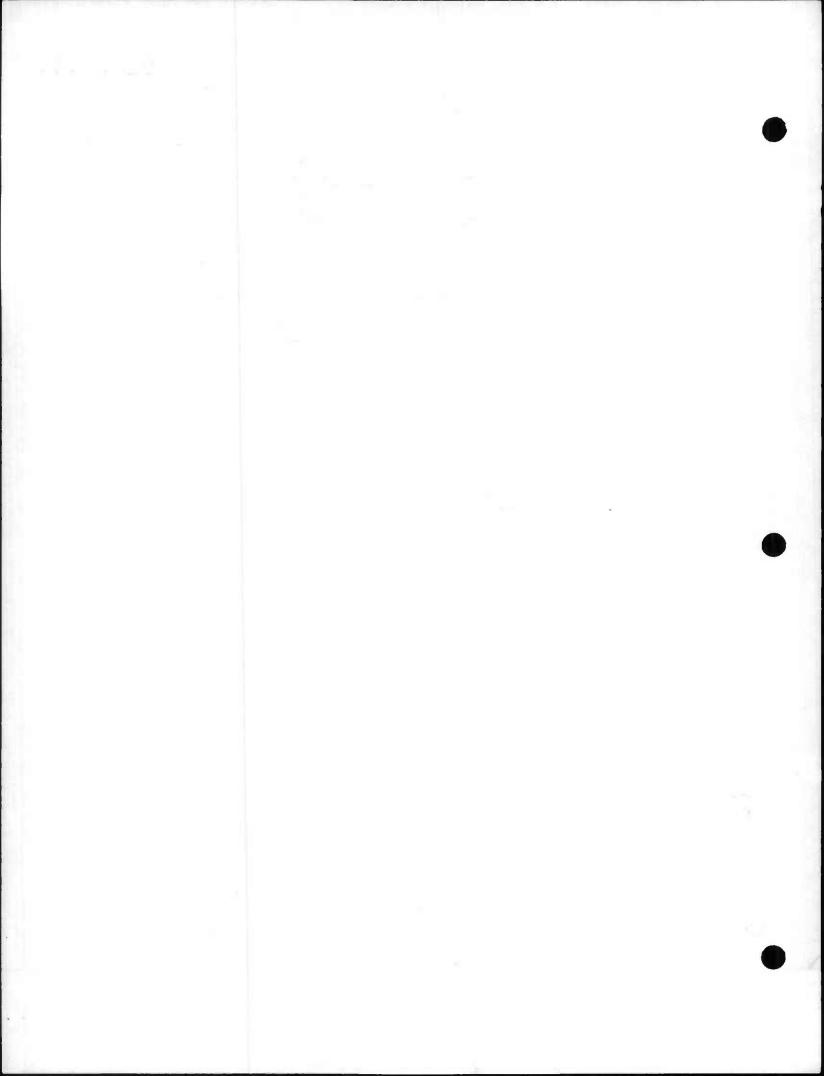
1 1	JOANNA	Jean	F	HUTCH	INSON	1		MO	TE OF DEATH D	199	YEAR 2	3. TIME OF DEATH 2:50
	4. SOCIAL SECURITY NUMBER	5. SEX	-	rs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS.	7. DA	TE OF BIFTH onth, Day, Year)			HPLACE (State or Foreig
	218-23-2455	1 🗆 M 2 🕽 F	19	YRS.				Ma	rch 30,		Ma	ryland
œ	Sa. FACILITY NAME (If not institution, g						OR LOCATION OF D	MEATH		9c. COUI		
6	PRINCE GEORGE	HOSPIT	AL		CHE	EVE.	RLY			PRI	NCE	E GEORGE:
DIRECTOR	Marriand Droi	unty ince George	10	100	ry, town or restv							10d. INSIDE CITY LIMITS?
	Maryland Pri	ince George	- 5	77	restv	-	. ZIP CODE			T		1 YES 2XXNO
FUNERAL	P. O.Box 1551	1					0753				U.S.	WHAT COUNTRY? A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	2 ☑MO	H	yes, spe	ENDENT OF HISPA ecity Cuben, Mexic 2 XXVO Speci	an, Puer		or No	Spec	E — American Indian, ck, White, etc. city: ICASIAN
	15. DECEDENT'S (Specify only highest g		164	e. DECEDENT'S	S USUAL OC	CUPATIO	ON st of working		16b. KIND OF BU	SINESS/IND		
PLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5 or N/A	+)	Cashi	work done di ise retired.) er				Se	rvice	e St	ation
COMPL	17. FATHER'S NAME (First, Middle, Last)	)					18. MOTHER'S N	AME (Firs	st, Middle, Maiden	Surname)		
BE	David Hutchins	son							ricia (	_		
2	194. INFORMANT'S NAME (Type/Print) David Hutchinso	an .					and Number or Rurel Ave. Dis					20747
	20a, METHOD OF DISPOSITION		20h Pl	ACE AND DATE						CATION -		
	1 X Buriel 2 Cremetion 3 F 4 Donation 5 Other (Specify)	Removal from State		darohi	TIP CE	met	ery 12	31	92 Sui	tland	d, M	Maryland
	21. SIGNATURE OF FUNCION SERVICE	RE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEE FUNERAL HOME,										
	· //	11/49				66	33 Old A	Alex	ander E	_	Rd	Clinton,
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Mul		line.	not enter t					matory are	out,	Approximate interval Betw Onset and D
TIFICATION	disease or condition	b DUE TO	OR AS A CO	line.	NÉS					natory are	vat,	Interval Betw
CAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	(OR AS A CO	MINE.  WHITE  WASEQUENCE (	N. 2. 1				. 24a. WAS AN	AUTOPSY 3MED?		interval Betw Onset and D
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DIVISION OF VITAL RECORDS, P.O. BOX 6	the second secon
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				CERTIF	ICATE OF	DEATH		REG. NO.		
- 46	1. DECEDENT'S NAME (First, MI		1 77 11				MON	E OF DEATH	AY Y	3. TIME OF DEATH
	Elizabeth P.		T					ember 2		
	213-42-7144		1 □ M 2 🔀 F	E (In yrs. lest birthday) 48 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Ma	rch 29,	1944 M	BIRTNPLACE (State or Foreign Country) [ississippi
5	9a. FACILITY NAME (If not institute to 15500 Croom		,			Marlboro			9c. COUNTY	of DEATH
בֿן בֿן	RESIDENCE OF DECEI	DENT	v		Y, TOWN OR LOCAL	1041				
DIRECTOR			e George's		per Marl					10d. INSIDE CITY LIMITS?  12 YES 2 NO
ERAL	100. STREET AND NUMBER 15500 Croom	Airpo	ort Rd			207 72			_	d States
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce		12. WAS DECEDENT EVER FORCES? 1 YES	S 2- NO	If yee, sp	ENDENT OF NISPA ecity Cuben, Mexico 2 NO Specific	en, Puert		or No.— 14.	. RACE — American Indian, Black, White, etc. Specify: White
밀	(Specify only hi			16a. DECEDENT'S (Give kind of	USUAL OCCUPATION Work done during more retired.)	ON ost of working	10	66. KIND OF BUS	SINESS/INDUS	
<u> </u>	Elementary/Secondary (0-12)	2)	College (1-4 or 5 +)	Marketi				Sales		
COMPLET	17. FATHER'S NAME (First, Middl	lin, Last)	_	1	0	18. MOTHER'S NA	AME (First		Sumame)	
ш	Connie Arbo	r Pow	ers			Minnie				
TO B	194. INFORMANT'S NAME (Type Richard Edwa	,	lubbard			Airport				
	20a, METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of OATE 20c, LOCATION — City or To									
	1 by Burlai 2 Cremetton 3 Removal from State cemetery, cremetery or other place) 4 Donetton 5 Other (Specify) Fort Lincoln Cemetery 12/24 Brentwood, Ma 21. SIGNATURE OF FUNDINAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									, Maryland
	21. SIGNATURE OF PUNBIAL II	IERVICÉ LIC	ENSEE	4	Fort 1	incoln	Fune	ral Hor	ne, In	c. Md 20722
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Metastati</u>	LC NON SM:		lung ca	ince	r		Interval Betw Onset and D
RTIFICATION	disease or condition	na, site	DUE TO (OR AS  DUE TO (OR AS	ic non sm	F):	lung ca		r		Onset and Do
- 11	disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	na, ote G	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	F):		ince	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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PHYSICIAN: MEDICAL	disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Per	condition	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.  A contributing to death  HOSPITAL:  1   Impetient 2   ERVOU	A CONSEQUENCE OF	F):  F):  In the underlying  26. Pi  OTHER: 4   Nursing Horr  IE OF   28c. INJ.  WC WC	g cause given in ACE OF DEATH (C) te 5∑ Residence	Part I.	24a. WAS AN PERFOR 1 U YES 2 one)	AUTOPSY IMED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
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y the hospital or attending physician.	be detached for use as the burial-transit nermit. Pages 1.2.3 should	14 1 1000	at once.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit narmit Panes 1.2.3 sevents	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
 TO THE HIS GIAL OR ATTENDING	A#	be filed within, 72 hours after death	IMPORTANT: If Item 28 is mi

31. DATE FILED (Month, Day, Your)
DEC 3 0 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

32. REGISTRAR'S SIGNATURE

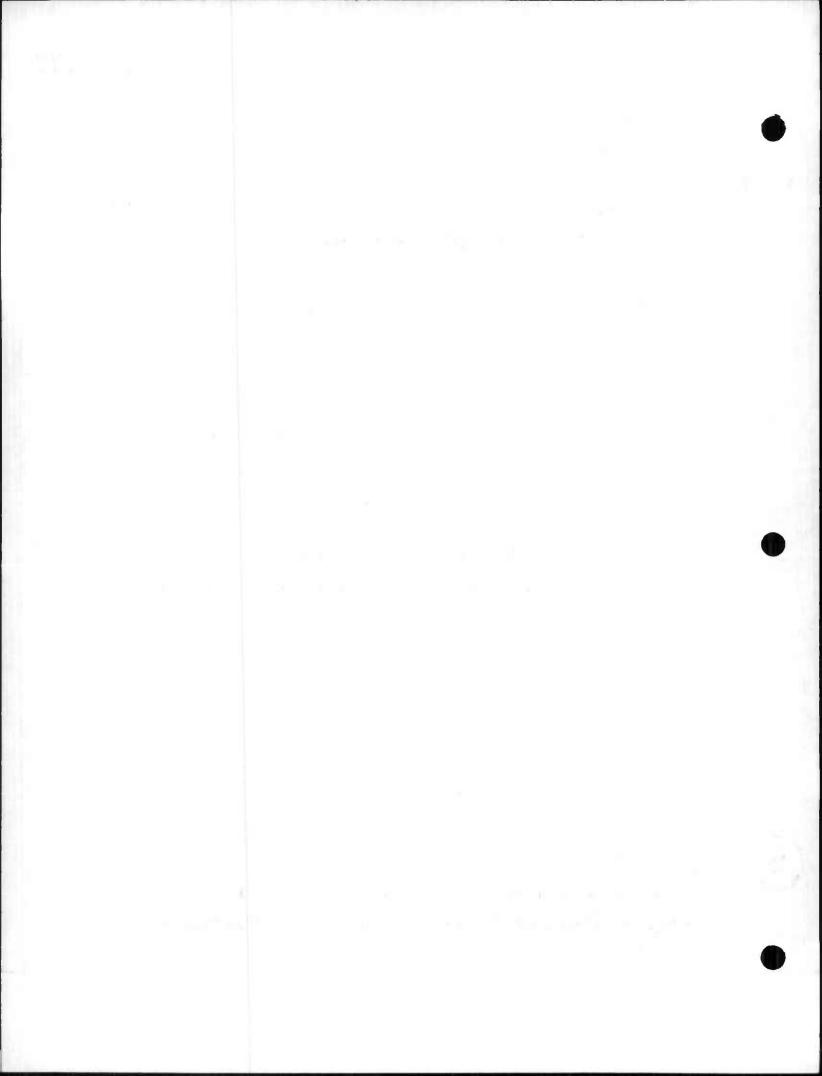
	FOR	STATE OF MARYL	AND / DEPART	MENT OF	MEAITH AND	MENTAL UVOICE	92	38172
	1 - STATE REGISTRAR	OIAIL OF MARTE	CERTIFI	CATE OI	DEATH	REG. NO	NE J C	00172
	1. DECEDENT'S NAME (First, Middle, Last)	44	PRIS			2. DATE OF DEATN	MY2 - O	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	07	BIRTHPLACE (State or Foreign
	579-28-4204	1 - M 2 - F	32 YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, Year)	W	Country)
- 3	Se. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	NORTH CAROLINA
TOR	CHOSIPLOS.	HEACH C	ALE	BE17	IESDH	7,40.	MO	WIGOUERY
DIRECTOR	10a. STATE 10b. COUNTY	STGOME	RY 10c. CITY.	TOWN OR LOC	ATION 485A	A		10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL	100. STREET AND NUMBER	JEMP.	141)	2	Of. ZIP CODE	214	10g. CITIZER	OF WHAT COUNTRY?
Š	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (Specify Ye	1 C	. RACE — American Indian.
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA		it yes, s	pecify Cultur, Mexic S 2 NO Speci	an, Puerto Rican, etc.)		Black, White, etc. Specify: BLACK
9	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPAT	ION	18b. KIND OF BU	SINESS/INDUS	TRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo					
COMPLET	11th		FOOD	SERVICE		D. C.	GOVT.	
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maider	Surname)	
B B	WILSON TAYLOR					SPEIGHT		
5	19a. INFORMANT'S NAME (Type/Print)  LOUISE HARRIS				end Number or Rural  W.D.C.	Route Number, City or Tox 20002	vn, State, Zip Co	rde)
	20e. METHOD OF DISPOSITION 1X2Buriel 2 Ortmation 3 Rem 4 Donation 5 Other (Specify)	oval from State com	PLACE AND DATE OF etery, crematory or oth	er niace)		DATE 20c. LC K 4 12/29/9		or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ALLLAND I		IL MEM. P			REL, MARYLAND
	1 March	Lend				JOHNSON		KINS INC.
	23. PART I Enter the diseasea, or o	complications that caused	the death Do no	/16	KENNEDY	ST. N.W. W	.D.C 2	0011
	# whock, or neert failure.	Liet only one cause on er	nch line.	canter the m	ode of dying, aud	on an cerdiac or reap	iratory arreat	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ca	ndio	مهر	ce.O.	- Di	5.02.	Onset and Death
_			CONSEQUENCE OF)					
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)				-	
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
ERTI	resulting in death) LAST	1						
10	PART il. Other significent condition	a contributing to deeth be	ut not reaulting in	the underlying	ng cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
요						1 TYES	Z [] NO	OF DEATH?
2								1 TYES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			26. [	LACE OF DEATH (C/	neck only one)		
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpe	atlent 3 DOA	THER:		6 Other (Specify)		
Ě	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE NOW	NJURY OCCUR	ED
BY F	1 Natural 5 Pending 2 Accident Investigation	(MONIN, Day, Iber)	l likson		ORK? YES 2 NO			
8	3 Suicide 8 Could not be determined	20e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, etr	eat, factory, offi	CO	281. LOCATION (Street City or Town, State,		Rural Route Number,
COMPLET	29a. CERTIFIER	200 7 0 0		3.			_	
MP	(Check only	CIAN: To the best of my knowle						
		R: On the basis of examination	and investigation,	in my opinion,				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	), 0	N 4 5	>	29c. LICENSE NUI	MBER 54C		GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO		- are		200	200	1/2	-23-92

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	De 6 m	Irector	and a
	HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	s with a many state death with the state beyon it from a system brind to behalf, dremation, or removal.
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	DING	After	and and
	TEN	10R:	28 le
	OR A	DIREC	SIDE SIDE
	X	3	9 10
	40SPI	E FURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	N.
	4	141 7	

	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF		MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATH			
	Brady HILL					Dec. 18		10:30 P. M			
	4. SOCIAL SECURITY NUMBER  052-07-9689	1	E (In yrs. lest birthdey) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 07-17-1	- P	FITHPLACE (State or Foreign EORGIA			
	Sa. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF DE	АТН	9c. COUNTY C	OF DEATH			
DIRECTOR	Doctors Commun:	ity Hospita	1	Lanha	ım, MD		P.	G.			
E S	104 STATE 105 COUNTY	,	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY			
	mi Pain	ice beorb	EU L.	ANH	4M			LIMITS?			
ERAL	100. STREET AND NUMBER 8-910 WALKEN			-10	H. ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?			
Ä					20706		U.	SA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, s		HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		HACE — American Indian, Hack, White, etc.			
ETED	15. DECEDENT'S EDUI		16a. DECEDENT'S	USUAL OCCUPATI	ION	16b, KIND OF BU					
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	e retired.)	ost or worlding						
ONG.	5th		Truck	Driver			vate				
5 S	17. FATHER'S NAME (First, Middle, Last)  Jim Hill					ME (First, Middle, Maiden	Sumame)				
B	19a. INFORMANT'S NAME (Type/Print)		19h MAII ING	Annoese /charl		Bowers Route Number, City or Tow	- Contr. 7/o Contr.				
2	Ruth Weston					anham. MD		,			
2	20a, METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION /N			CATION — City of	r Town, State			
Ē	1 XBurial 2 Cremation 3 X Rem 4 Donation 5 Other (Specify)		Evergreen		ry 12	2-28-92 Br	cooklyn	N.Y.			
examiner	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE DEAL	Se	/	ND ADDRESS OF FA		NKINS I	FUNERAL HOME			
AL CERTIFICATION  TO BE COM	disease or condition resulting in death)  a. CAND IAC AND UNIT TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CER 9		đ									
MEDIC	PART II. Other significant condition	s contributing to death	but not resulting	in the underlyin	ig cause given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
3 3	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF OEATH (Chi	ack anti anni					
IYSICI/	EXAMINER?	HOSPITAL:	vipatient 3 DOA	OTHER:	ne 5 🗆 Residence						
	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIM	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCURE				
D BY PH	2 Accident Investigation	NIA			YES 2 NO						
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	IRY — At home, farm, i pecify)	street, factory, offi	co	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,			
O BE COMPLETE	one) E	CIAN: To the best of my kn						se(e) and manner se stated.			
TO BE C	296. SIGNATURE AND TITLE OF GERTIFIEF	re had Ago	x 4 min	e l'al	29c. LICENSE NUN	MBER 2		NED (Month, Day, Year) 19 - 9 2			
ă F	30. NAME AND ADDRESS OF PERSON WHI	AF, MD 4	1203 QU	Print) Jeens Go	my Rd.	Hyatter;					
	DEC 2 9 1992	12. REGISTRAR'S SI						DHMH-18 Rev 1/8			



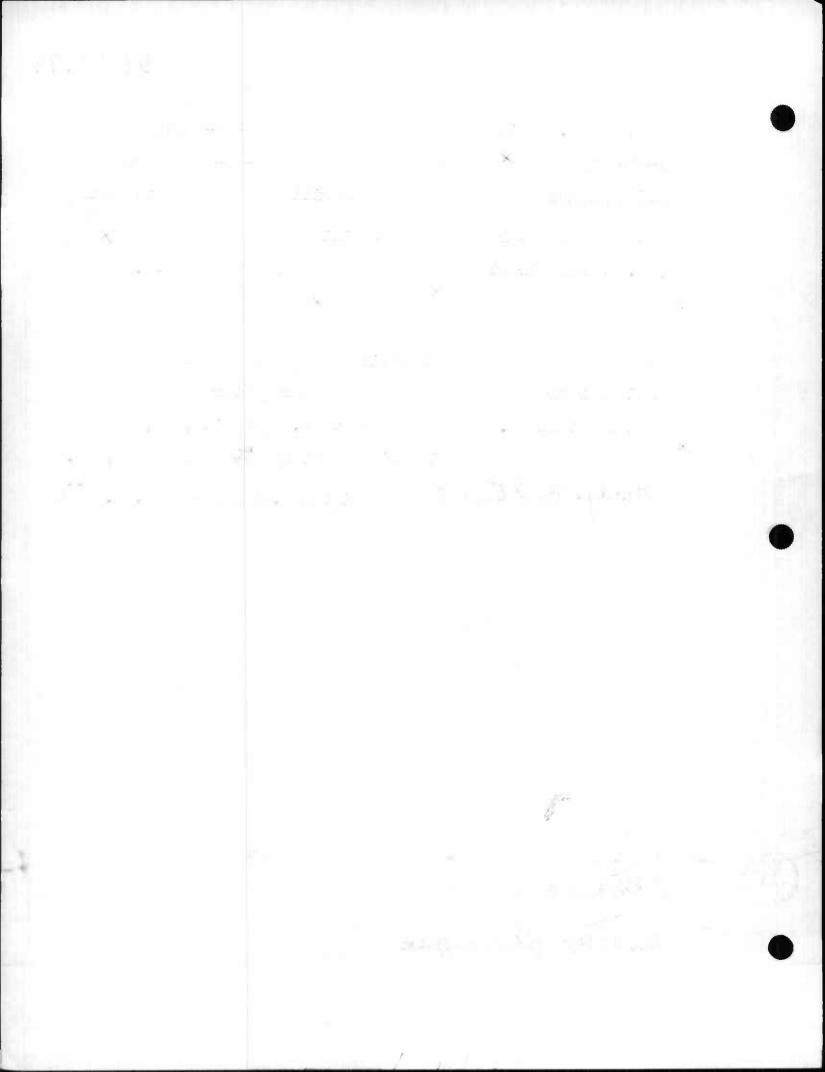
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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AFF FIGURE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	THE EMPERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use med within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	20 is marked or item 23 shows any injury or other transmission shows the modified as marked to marked as
100	ME Ithin	ALT.
EA	E S	ATT.
13	스토	×

Robert c. LaMar MD, 31. DATE FILED (Month, Day, Your) DEC 0 3 1992

	FOR	STATE OF N	IARYI AND /	DEPAR	TMENT	UE MI	EAITU	AND	MENTAL HYGIEN	ıc	92	38174	
	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)				ICATE				REG. NO			3. TIME OF DEATH	
	Mabel E.	Hill							12-1- 9	992	YEAR	M. TIME OF DEATH	
		SEX	8. AGE (In yrs. lest	birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7 DATE OF BIRTH		8. BIRTHP	PLACE (State or Foreign	
	057-14-0975	□ M 2 X F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	2- 2- C	808	Country)	yland	
	9s. FACILITY NAME (If not institution, give street	t and number)	01		9b. CITY, 1	OWN OF	LOCATI	ON OF DE			JNTY OF DE		
R	Harrison House				Sn	OWE	[il]				rces		
15	RESIDENCE OF DECEDENT							-		1110	1000	002	
DIRECTOR	10s. STATE 10b. COUNTY				Y, TOWN OR							10d. INSIDE CITY LIMITS?	
	Maryland Worce	ester		Sn	ow H	_						YES 2 NO	
FUNERAL						10f.	ZIP COD	_				HAT COUNTRY?	
N N	507 S. Church S						218				S.A		
BY FU	1 Never Married 2 Married  3 Widowed 4 Divorced	FEVER IN U.S. ARM YES 2 NO AR OR DATES	IED D	H :	res, spec	city Cuba	OF HISPAN In, Mexica Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	s or No-	14. RACE - Black, Specify:	- American Indian, White, etc. Black		
	15. DECEDENT'S EDUCAT		16a, DEC	EDENT'S	USUAL OCC	UPATION	v .		16b. KIND OF BU	SIMESS/IM	DUSTON	27.001	
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+	(Giv	w kind of a	vork done du ne retired.)	ring most	of working	ng	Too. Kind of Bo	0114E35/114	DOSTRI		
.   교	12			mes	tic				None				
CON	17. FATHER'S NAME (First, Middle, Last)				0.1.0		18. MOTI	HER'S NA	ME (First, Middle, Maiden				
E 111	Charlie Parker						Ma	ry	Waters				
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (	Street sno	d Number	or Rural I	loute Number, City or Tow	n, State, Zi	p Code)		
2 F	Randolph Waters JR. 3946 Market St. Snow Hill, Md. 21863												
anat be	20a METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remova	I from State	20b. PLACE A	ND DATE	OF DISPOSIT				DATE 20c. LO		City or Town		
	Cool Spring Cemetery 74 Girdletree, Md.												
ехашие	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  821 West Rd.												
еха	Bladys B. Slewart Clinton F. Stewart-Salis . Nd. 21801												
E C S	23. PART I. Enter the dispesses, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory expect.												
E	shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final											Approximate Interval Between Onset and Death	
E E	disesse or condition	Car	10,00	Lac .	LI MAN	-	C /	A				5 das	
Jen.	resulting in death) a	DUE TO	OR AS A CONSECU	JENCE OF	O EITP	(	1-1	7111	142			3 447	
N	Sequentially list conditions,  DUE TO (OR AS A CONSCOUENCE OF):											2 WKs	
ATI	If any together to immediate											5 1/R	
	CAUSE (Disease or Injury	DUE TO	OR AS A CONSEOL	ENCE OF	MINS	246	2	PH	STICLTY			7 //7	
ERTIFICATION	that initiated events resulting in death) LAST	CHRI	BRAL	Vn	KCVL	AR	A	C61 V	TAKE			104/5	
S	d											+	
A	PART II. Other significant conditions of	ontributing to	deeth but not re	sulting I	n the unde	rlying	cause g	lven in	Part I, 24a. WAS AN			VERE AUTOPSY FINDINGS	
MEDICAL	SENILE DEMENT	10							1 TES 2		0	IVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	DECEMBERATIVE	SOIN	0150	ASK						^		YES 2 NO	
9 Z	PERI PITLEDAL	MECUL	AR 101	121	754				_				
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF D	EATH (Chi	ck only one)				
Sic		OSPITAL:	ER/Outpatient 3	DOA	OTHER:	g Home	5 🗆 Re	sidence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIM	E OF 2	c. INJUF	RY AT		28d. DESCRIBE HOW II	NJURY OC	CURED		
BY F	1 Naturel 5 Pending Investigation			440			S 2	NO					
ED	3 Suicide 8 Could not be	28e. PLACE Of building, a	INJURY — At hom	e, ferm, s	treet, factory	, offics			28f. LOCATION (Street a City or Town, State)	nd Number	r or Rural Rou	ute Number,	
TE	4 Homicide determined								only or merri, didite)				
COMPLET	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 0								to the cause(s) and mer			and manner as stated.	
E C	296. SIGNATUBE AND TITLE OF CERTIFIER					_		NSE NUM				Month, Day, Year)	
2 00	Odelle La	man.	MP.				D.	-0	5865			1,1992	
1.2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUS	E OF DEATH (ITEM	27) (Туре,	Print)		-	_				1111	

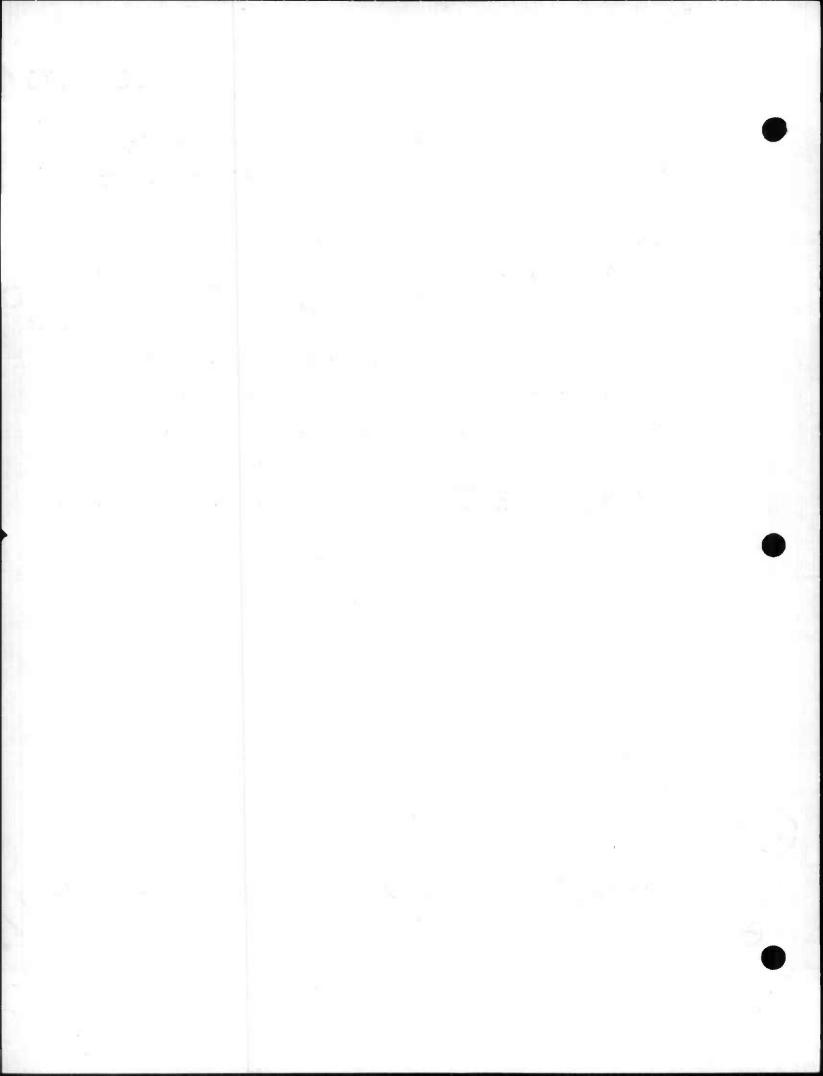
104 n. bay Street, Snow Hill, MD 21863
33 REGISTRAR'S SIGNATURE
Juna Davidson-Render



STATE SIMIL OF MANITEMENT OF HEALTH	ND MENTAL	. HYGIENE
REGISTRAR CERTIFICATE OF DEAT	1	REG. NO.

SAGIO RADIO PARA LODGE SAGIO PARA LODGE	I 1. DECEDENT'S NAME (First Middle I as:			ERIIF	ICATE O	PUEATH		REG. NO	,		
SOURCE PART   SOURCE PART					11.	11			MY	YEAR 3	- 1 11
31.5 - 0.5 - 3838   1 m s					Ita	11			V1	1992	
THE PROPERTY AND POWER.  TO SHORT MADE OF COMENT OF GASH WICCOMING			8. AGE (In yrs. la					th, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
PENTINULA REGIONAL MEDICAL CENTER  SALISBURY  WICOMICO  WIND RECEDENT SUCKEDON  WIND RECEDENT SU	012-02-2838	1 M 2 A F	78	YRS.		I I I I I I I I I I I I I I I I I I I			14		land
No. STATE BY MAY DO GOOD TO SECRETORY  MARY Jand Wicomico Salisbury  The Jincoln Avenue 12 Salisbur	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY, TOW	N OR LOCATION OF	DEATH		9c. COL	JNTY OF DEA	тн
The STATE WE COUNTY  WE CITY, TOWN ON LOCATION  Salisbury  10 SEP THE TAND NUMBER  E. Lincoln Avenue  11. MANTA, STATUS  THE STATE AND NUMBER  E. Lincoln Avenue  12. WE SCECEDET EVER IN U.A. SAME COMMENT OF THE STATE OF THE ST		NAL MEDICA	L CENTE	ER	SALIS	BURY			W	ICOMIC	0
MAY JAIN WILDINGS  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  E. Lincoln Avenue  FORCEST   Yes   The Wilding Avenue  FORCEST   Yes   Th		TY		10c. CIT	Y, TOWN OR LO	CATION				1	
The property and managers and property and the property a	Maryland Wic	omico		S	alisbu	y				1	
MANUAL STATUS   CONCESS   17 Set 2 Set 10   12 Set 2 Set 10 Set 2 Set 2 Set 10 Set 2 Set	10e. STREET AND NUMBER					-			10g. CIT		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   PART II. Other significant conditions contributing to death but not resulting in the underlying cause given	E. Lincoln	Avenue				21801			uSA		
Thomas W. Littleton  Manner (ppor/more)  Manual Jane Jones  In MOTHER'S NAME (ppor/more)  Manual Jane Jones  In MOTHER'S NAME (ppor/more)  Manual Jane Jones  In MOTHER'S NAME (ppor/more)  Manual Jane Jones  In MOTHER'S NAME (ppor/more)  Manual Jane Jones  In MOTHER'S NAME (ppor/more)  Annie Jane Jones  In MOTHER'S NAME (ppor/more)  Annie Jane Jones  In Mother's (ppor/more)  Manual Jane Jones  In Mother's (ppor/more)  Manual Jane Jones  In Mother's (ppor/more)  Annie Jane Jones  In Mother's (ppor/more)  Manual Jane Jones  In Mother's (ppor/more)  Manual Jane Jones  In Mother's (ppor/more)  Annie Jane Jones  In Mother's (ppor/more)  Manual Jane Jones  In Mother's (ppor/more)  Manual Jane Jones  In Mother's (ppor/more)  Annie Jane Jones  In Mother's (ppor/more)  Annie Jane Jones  In Mother's (ppor/more)  Annie Jane Jones  In Mother's (ppor/more)  Annie Jane Jones  In Mother's (ppor/more)  In Mother's (ppor/more	1 Never Married 2 Married	FORCES? 1	YES 2	RMED NO	If yes,	specify, Cuban, Me	kican, Puerto		s or No-	Black, \	- American Indian, White, stc.
Content on New York Continued   Content of the Co	/ -										ite
Scamstress shirt factory  17. FARTHER NAME (First, Modes, Latt)  Thomas W. Littleton  18. MAILING ADDRESS (Stower and Number or Paral Roads Name)  Alian B. Hall  28. MANDRESS (Stower and Number or Paral Roads Name)  Alian B. Hall  29. MANDRESS (Stower and Number or Paral Roads Name)  Rt. 3, Box 300 I, Mt. Hermon Rd., Salisbury, Md.  21. DAME AND ADDRESS (Convention 3   Removal from Suite  1. Damed 1 2   Commission 3   Removal from Suite  20. Damed 1 2   Commission 3   Removal from Suite  21. DAME AND ADDRESS (Convention 3   Removal from Suite  22. MAND ADDRESS (Convention 3   Removal from Suite  23. DAME AND ADDRESS (Convention 3   Removal from Suite  24. DAME AND ADDRESS (Convention 3   Removal from Suite  25. DAME AND ADDRESS (Convention 3   Removal from Suite  26. DAME AND ADDRESS (Convention 3   Removal from Suite  27. DAME AND ADDRESS (Convention 3   Removal from Suite  28. DAME AND ADDRESS (Convention 3   Removal from Suite  29. DAME AND ADDRESS (Convention 3   Removal from Suite  29. DAME AND ADDRESS (Convention 3   Removal from Suite  29. DAME AND ADDRESS (Convention 3   Removal from Suite  29. DAME AND ADDRESS (Convention 3   Removal from Suite  29. DAME AND ADDRESS (Convention 3   Removal from Suite  29. DAME AND ADDRESS (Convention 3   Removal from Suite  29. DAME AND ADDRESS (Convention 5   Readdress (Conventio			(0	Give kind of	work done during	TION most of working	16	6. KIND OF BU	SINESS/IN	DUSTRY	
TO MAKE (PISE NAME (PISE MAGE), Latt)  Thomas W. Littleton  19. MALIAN ADDRESS (Store and Number or Nearl November, City or Town, Stein, 25 Cook)  Allan B. Hall  Rt. 3, Box 3001, Mt. Hermon Rd., Salisbury, Md.  20. METHOD OF DISPOSITION  Thomas W. Littleton  19. MALIAN ADDRESS (Store and Number or Nearl November, City or Town, Stein, 25 Cook)  Allan B. Hall  Rt. 3, Box 3001, Mt. Hermon Rd., Salisbury, Md.  20. METHOD OF DISPOSITION  Thomas W. Littleton  10. Mt. Allan B. Hall  Rt. 3, Box 3001, Mt. Hermon Rd., Salisbury, Md.  20. METHOD OF DISPOSITION  Townstand		College (1-4 or 5	-)	n. Do NOT u	se retired.)						
Thomas W. Littleton  Annie Jane Jones  Annie Janes  Annie J			Se	eamst	ress					ory	
The . MACHING ADDRESS (Sinest and Number or Numb Routh Number, City or Num., Stati. Zip Code)  Allan B. Hall  R. 3, Box 3001, Mt. Hermon Rd., Salisbury, Md.  R. 3, Box 3001, Mt. Hermon Rd., Salisbury, Md.  20, Machine and Number or Russian Rd.  20, Machine and Number or Russian Rd.  20, Machine and Number or Russian Rd.  21, Salisbury, Md.  22, Machine and Rd. Salisbury, Md.  22, Machine and Rd. Salisbury, Md.  22, Machine and Rd. Salisbury, Md.  23, Salisbury, Md.  24, Name And Address of Fraction  25, Place of Edethal Service Localises  26, or heart februre. List only one cause of section of the counself the deeth. Do not enter the mode of dyling, such as cardisc or respiratory errest, Indicate the Machine and Rd. Salisbury. Md.  21, Salisbury, Md.  21, Salisbury, Md.  21, Salisbury, Md.  22, Make Cause countributing to deeth. Do not enter the mode of dyling, such as cardisc or respiratory errest, Indicate the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Machine Rd. Salisbury of the Rd. Salisbury of the Machine Rd. Salisbury of the Rd. Salisbury of t						18. MOTHER'S	NAME (First	Middle, Meiden	Sumame)		
Allan B. Hall  RE. 3, BOX 3001, Mt. Hermon Rd., Salisbury, Md.  289, METHOD OF DISPOSITION  Founday 2   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE AND DATE OF DISPOSITION (Name of Committee)   200, PLACE OF DISPO		eton									
38. PLACE AND DATE OF DISPOSITION   To Burst		19									
## DOMESTIAN SERVICE USTAINS SERVICE USTAINS AND ADDRESS OF FACILITY HOLLOWAY FUNDERS OF FACILITY HAVE				Rt.	3, Box	3001, Mt	. Her	mon Rd	l., S	alisbu	iry, Md.
## DOMESTICAL SERVICE UCTIONS ## BURNATE AND ADDRESS OF FACILITY ## Holloway Funeral Home    Sol Snow Hill Rd., Salisbury, Md. 21801   Solisbury, Md. 21801   Approximate intervial Behover of Control of Co	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Re	moval from State				(Name of	DA	TE 20c. LC	CATION -	- City or Town	, State
22. NAME AND ADDRESS OF FACILITY HOlloway Funeral Home 501 Snow Hill Rd., Salisbury, Md. 21801  23. PART I. Enter the diseases, or complications that couped the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, intervial Bell disease or condition resulting in death)  Sequentially list conditions, in death)  DUE TO (DR AS A CONSEQUENCE OF):  Sequentially list conditions, in death) LAST  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  246. WAS AN AUTOPSY FROM ANALARE PROR TO ONE BELL INTO ANAL	4 Donation 6 Other (Specify)	A /	Wicon	nico	Memoria	1 Park	1 12	/3 Sa	lisbu	iry, M	d.
Sol Snow Hill Rd. Salisbury, Md. 2180	21. BIGHATUNE OF HUNERAL SERVICE I	icespes ////									
Approximate shock, or heart fellure. List only one ceuses in each line.    Approximate shock, or heart fellure. List only one ceuses in each line.   Approximate shock, or heart fellure. List only one ceuses in each line.   Approximate shock, or heart fellure. List only one ceuses in each line.   Approximate shock, or heart fellure. List only one ceuses in each line.   Approximate shock, or heart fellure. List only one ceuses in each line.   Approximate shock or heart shock, or heart fellure. List only one ceuses in each line.   Approximate shock or heart	* 150 n. 6	10 VV.									
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATH  1   Impellent 2   ER/Outpetient 3   DOA   A   Nursing Home 5   Residence 6   Other (Specify)  28. DATE OF DEATH (Month, Day, Year)  29. DATE OF DEATH (Month, Day, Year)  29. DATE OF DEATH (Specify)  29. DATE OF DEATH (Month, Day, Year)  29. DATE OF DEATH (Specify)  29. DESCRIBE HOW INJURY OCCURED  29. DESCRI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Oute to	OR AS A CONSE	QUENCE O	e h	earl	/	ilu	·		
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATH  1   Impellent 2   ER/Outpetient 3   DOA   A   Nursing Home 5   Residence 6   Other (Specify)  28. DATE OF DEATH (Month, Day, Year)  29. DATE OF DEATH (Month, Day, Year)  29. DATE OF DEATH (Specify)  29. DATE OF DEATH (Month, Day, Year)  29. DATE OF DEATH (Specify)  29. DESCRIBE HOW INJURY OCCURED  29. DESCRI	PART II Other significant condition	d.	death but not							_	1
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF CEATH  1 Testural 5 Pending Investigation 3 Sulcide 6 Could not be detarmined  2 Accident Nursing Home 5 Residence 6 Other (Specify)  28c. INJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO  28c. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  WM . Registrars signature  1 OTHER:  1 Nursing Home 5 Residence 6 Other (Specify)  28c. INJURY AT WORK?  1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED  28d.	TANK III. GUID SIGNIFICANI CONGULT	ms continuing to	death but not	resulting	in the underly	ing couse given	in Part I.	PERFO	RMED?	AN CO	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
1   VES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)    27. MANNER OF OEATH   28a. DATE OF INJURY   28b. TIME OF INJURY   28b. TIME OF INJURY   28d. DESCRIBE HOW INJURY OCCURED    29a. Certifical   S   Pending Investigation   3   Suicide   6   Could not be determined   26a. PLACE OF INJURY — Al home, farm, street, factory, office   28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)    29a. CERTIFIER (Check only one)   1   CERTIFIED   CERTIFIED   CERTIFIED   CERTIFIED   CHack of the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. DATE OF INJURY — Al home, farm, street, factory, office   28c. INJURY AT WORK?   1   VES 2   NO    28a. PLACE OF INJURY — Al home, farm, street, factory, office   28c. INJURY AT WORK?   1   VES 2   NO    28a. PLACE OF INJURY — Al home, farm, street, factory, office   28c. INJURY AT WORK?   1   VES 2   NO    28a. PLACE OF INJURY — Al home, farm, street, factory, office   28c. INJURY AT WORK?   1   VES 2   NO    28a. DATE OF INJURY — Al home, farm, street, factory, office   28c. INJURY AT WORK?   1   VES 2   NO    28a. DATE OF INJURY — Al home, farm, street, factory, office   28c. INJURY AT WORK?   1   VES 2   NO    28a. DATE OF INJURY — Al home, farm, street, factory, office   28c. INJURY AT WORK?   1   VES 2   NO    28a. CERTIFIER (Check only of Town, State)   1   VES 2   NO    28a. DATE OF INJURY — Al home, farm, street, factory, office   28c. INJURY AT WORK?   1   VES 2   NO    28a. CERTIFIER (Check only of Town, State)   1   VES 2   NO    28a. CERTIFIER (Month, Dev, War)   28b. TIME Of CERTIFIED (Month, Dev, War)   28b. TIME Of CERTIFIED (Month, Dev, War)   1   VES 2   NO    28a. CERTIFIER (Month, Dev, War)   28b. TIME Of CERTIFIED (Month, Dev, War)   28b. TIME Of CERTIFIED (Month, Dev, War)   28b. TIME Of CERTIFIED (Month, Dev, War)   28b. TIME Of CERTIFIED (Month, Dev, War)   28b. TIME Of CERTIFI					26	PLACE OF DEATH	(Check only (	one)			
27. MANNER OF CEATH  1		HOSPITAL:	ER/Outpatient	3 DOA		ome 5 Residen	to [6 [] 0#	er (Specify)			
2   Accident   Suicide   Could not be determined   Accident   Sound not be determined   Certificial    27. MANNER OF OEATH	28a. DATE OF	INJURY	26b. TIM	E OF 28c.	NJURY AT			INJURY OC	CURED		
3   Sulcide 4   Homicide 5   Could not be determined  28a. PLACE OF INJURY — Al home, farm, street, factory, office 29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. LICENSE NUMBER  29b. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)	the same of		ay, reary	IN							
29a. CERTIFIER (Check only one)  29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. DATE SIGNED (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Wm. Robins M. D.  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	2 Devlate	26e. PLACE O	F INJURY Al h	ome, farm,	street, factory, o	fice	261. LO	CATION (Street	and Numbe	r or Rumi Rou	te Number,
(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  20 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  20 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  20 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  20 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  20 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  21 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  22 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  23 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  23 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  24 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  25 MEDICAL EXAMINER: On the cause(a) and manner as stated.  26 MEDICAL EXAMINER: O	4 Homicide determined	Juliang,	erer (opecity)				Cit	or lown, State,	,		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Wn. Robins M.D.  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE				eath occurr	ed at the time, d	eta and place, and		use(s) and ma	nner en ete	rted.	
Um. Robins M.D. 1104 Healthway Drive Salisbury. M. 31. DATE FILED (MONTH, Day, 4001) REGISTRAR'S SIGNAQUEE	(Check only					, death occured at	the time, de	e and place, ar			nd menner as stated
31. DATE FILED (Month, Dey, 19ar) REGISTRAR'S SIGNATURE	(Check only one) 2 MEDICAL EXAMI	IER: On the basis of a						a and place, ar	nd due to t	he cause(s) a	
31. DATE FILED (Month, Day, Year)  REGISTRAR'S SIGNATURE	(Check only 2 MEDICAL EXAMINATION ONE) 2 MEDICAL EXAMINATIONS AND TITLE OF CONTINUE AND	IER: On the basis of at	camination and/or	Investigation	on, in my opinion			a and placa, ar	nd due to t	TE SIGNED (M	PL Weer)
	(Check only 2   MEDICAL EXAMI  20. BIONATURE AND TITLE OF COTTER  30. NAME AND ADDRESS OF PERSON W.  Company of the control of	HER: On the basis of a	BE OF DEATH (ITE	Investigation	on, in my opinion			a and place, and place	nd due to t	TE SIGNED (M	PL

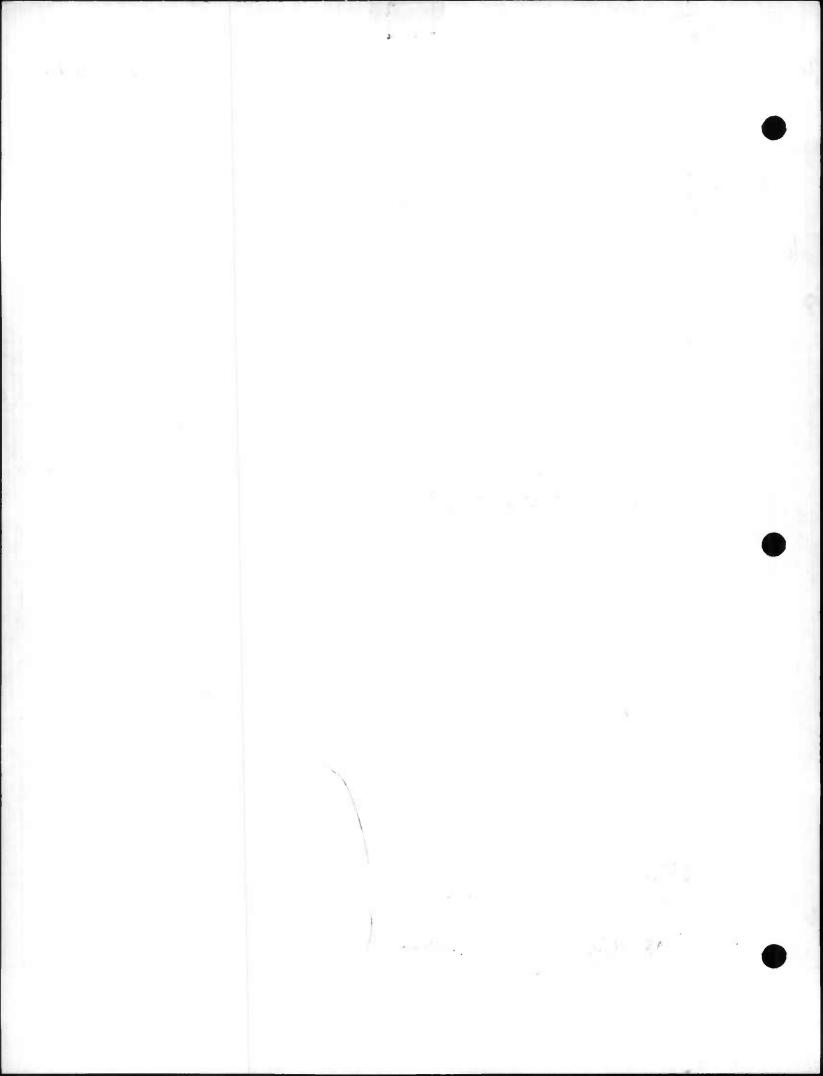
	REGISTRAR		CERTIF	ICATE O	F DEATH	REG.	NO.	
110	1. DECEDENT'S NAME (First, Middle, Last	EB. HAR	RIS			2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-28 - 0350	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Yea	2 4 - 8	BIRTHPLACE (State or Foreign Country)
OR	Stella Maris Hos	street and number) SPICE		96. CITY, TOW	N OR LOCATION OF D	PEATH	10.00	y of DEATH Baltimore
DIRECTOR	10a. STATE 10b. COUN	none		v, town on Lo Vashin				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 600 14th Place	ce, N.E.			101. ZIP CODE 20002		10g. CITIZE	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 HO	If yes,	DECENDENT OF HISPA , specify Cuban, Mexic /ES 2 ND Speci	an, Puerto Rican, etc.	r Yes or No— 14	I. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-		IHe. Do NOT u	work done during	most of working	Food	Indust	STRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) Henry Wi	lliams				AME (First, Middle, Ma Eva. S	den Sumame) Stratfo	ord
TO B	19a. INFORMANT'S NAME (Type/Print) Octavia Morri	son Daughte	196. MAJLING	ADDRESS (Street)	1.N.E.	Route Number, City or Nashingt	Town, State, Zip Co	.20002
	20e. METHOD OF DISPOSITION 1	200	b. PLACE AND DATE	OF DISPOSITION		DATE 200	LOCATION — CI	v or Town. State
1	21. SIGNATURE OF FUNERAL SERVICE I		_	22. NAME	AND ADDRESS OF F	Hunt	Funer	ral Home
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A DUE TO (DR AS A d	MMUNE A CONSEQUENCE O	ਸ): ਸ): ਸ):			DME	Interval Betweer Onset and Death
MEDICAL	PART II. Other significant condition	ens contributing to death t	but not resulting	in the underly	ying cause given in	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER/Out	patient 3 DOA	OTHER: 4   Nursing H	PLACE DF DEATH (Colome 5 Residence		Hospi	
ED BY P	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year)	Y — At home, farm,	M 1 [	WORK?  YES 2 NO		set and Number or	Rural Route Number,
COMPLETE		SICIAN: To the best of my know	rledge, death occurr			o to the cause(e) and	manner as stated	
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFICATION	alexan	ders	0	29c. LICENSE NU D 2708	MBER	29d. DATE S	11GNED (Month, Day, Year) -30-92
	30. NAME AND ADDRESS OF PERSON W Carla S. Alexand 31. DATE FILED (Morith, Day, Vegr) JAN 0 6 199	er, M.D St	tella Mai	ris Hos	pice - Du	laney Val	ley Rd.	-Towson 21204



#23a,27,FilmG695 1/22/93 kam

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 CERTIFICATE OF DEATH REGISTRAR 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH Philip Harris YEAR PHILIP 12 HARRIS SR 92 20 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreign 213-94-9500 1XXM 2 □ F 28 Jan.26, 1964 Maryland 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, Sc. COUNTY OF DEATH DIRECTOR HARFORD MEMORIAL HOSPITAL HAVRE DE GRACE HARFORD RESIDENCE OF DECEDENT permit. Pages 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Ceci1 Perryville 1 YES 2 XXNO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 32 Collins Drive 21903 use as the burial-transit U.S.A. 24 hours after death, Page 6 may be retained by the hospital or attending physician, filled in by the funeral director, page 5 should be detached for use as the buriat-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 XXO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NIO IF YES, GIVE WAR OR DATES 1X Never Married 2 Married BY Specify 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Sewell Plastics Elementary/Secondary (0-12) College (1-4 or 5+) Twelve Years Utility Worker Havre de Grace, Maryland 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clyde J. Harris, Sr. Marion E. LaRue Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Clyde J. Harris, Sr. 32 Collins Drive, Perryville, Maryland 21903 90 20s\_METHOD OF DISPOSITION
142 Burlal 2 Cremation 3 Rem
4 Donation 5 Other (Spelly) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must emetery, cremetory or other place)
Jones, Memorial Cemetery 12/28/92 Port Deposit, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Lee A. Patterson & Son Funeral Home Perryville, Maryland 21903 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata interval Betwe IMMEDIATE CAUSE (Final **Onset and Death** event, the cremation. disease or condition\_ completely Cardiac arrhythmia executed within resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) and com other traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): attending physician a If any, leading to immediate cause. Enter UNDERLYING certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 requires that the death the atten injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and been signed by our. of Health and 3 shows any in AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) tem this certificate h HOSPITAL: OTHER: XXYES 2 NO 1 Dirpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗀 Other (Specify) 4 | Nural 6 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 🖾 Natural 5 Pending investigation 1 YES 2 NO After th BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 100 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 5 Could not be DIRECTOR: A hours after of them 28 is 4 Homicide 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 } IMPORTANT: If 2 Chmedical Examinifin: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 出土を 23 O.C.M.E. 12-23-1992 9 SE OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. LARON LOCKE M.D. 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Morth, Day, Year) IEC 30'92 32 REGISTRAR'S SIGNATURE



TO THE HIGHTINGS ATTENING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE EMPERAL DIRECTION Are this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should	be that within 72 hours that chair with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

JAN 0 5 1993

32. REGISTRAR'S SIGNATURE

Navidson-Pandell

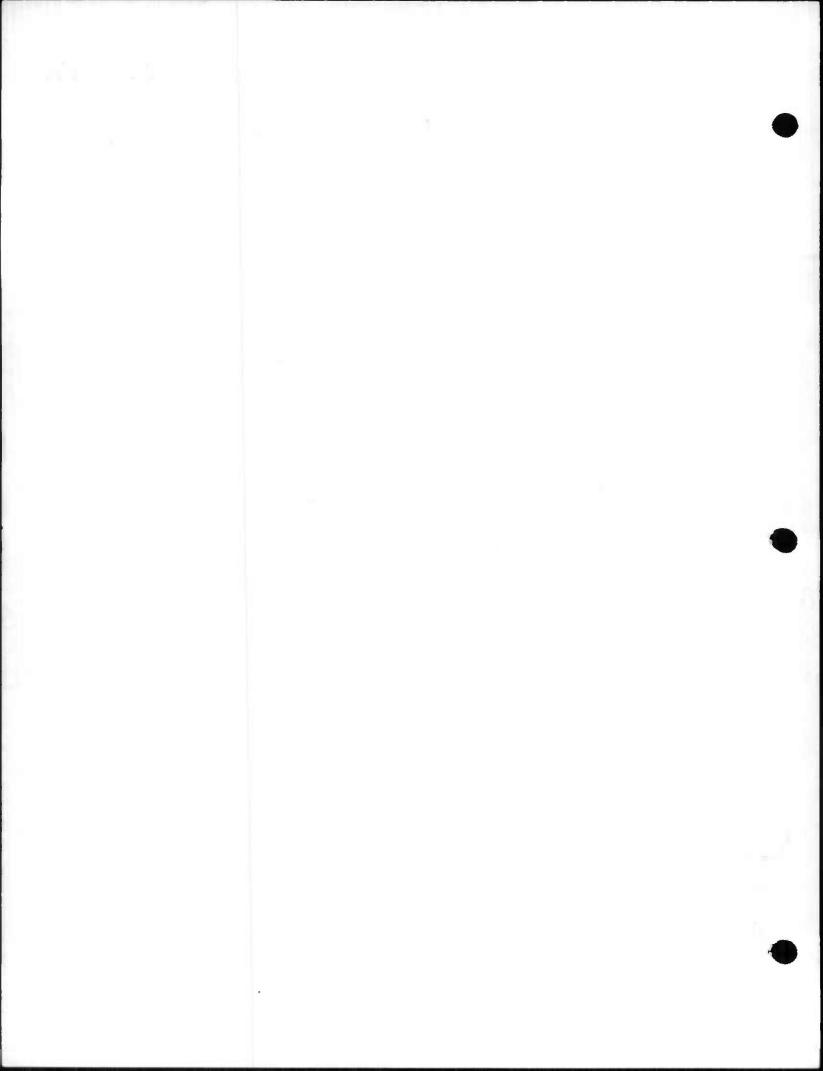
								1		EG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)  Jeanette Elizabeth Hanson								2. DATE OF DEATH DAY 31, 1992 1030					TH		
4. SOCIAL SECURITY NUMBER	est birthday)		UNDER 1 YEAR   IF UNDER 24 HRS.			-	ATE OF E		JI/			CE (State or			
220-05-6787	1 □ M 2 🎇 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day )		1918	Count		t(vy)	irgir	-
9a. FACILITY NAME (If not institution, give						OR LOCAT						C. COUNTY OF DEATH			
Calvert Memoria		I	Prin	ce F	rede	ric	k		(	Calv	ert				
10s. STATE 10b. COUNT	10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?			r			
Maryland Calv	Hu	ntin	gtow	m						1 X YES 2 NO		NO			
10e. STREET AND NUMBER				10f. ZIP CODE					9		10g. CIT	TIZEN OF WHAT COUNTRY?			
880 Pat Lane			17			206	39			8-1	U	.S.A			
11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S. A				CENDENT				pecify Yes	or No-	14. RAC	CE - /	American In	len,
1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	JNO			2 X NO			PTO PICE	1, <b>e</b> (C.)		577	icity:	White	
15. DECEDENT'S EDI (Specify only highest grad		16a, E	ECEDENT'S	USUAL O	CCUPATI dudos m	ON of work	na.		16b. KIN	D OF BUS	INESS/INI	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 8		le. Do NOT u	se retired.)	doing in	DOT OF WORK	· · ·								
8		Hot	usewi	fe						0wn	Home	е			
17. FATHER'S NAME (First, Middle, Last)								,		e, Malden	Sumame)				
Adger Alison Wat	ers						Lott	ie	Bla	ir					
19a. INFORMANT'S NAME (Type/Print)			96. MAILING												
William A. Hanso	n, Sr.		13014	Rows	sby	Ha11	Roa	d,	Lus	by, l	Mary.	land	20	0657	
1/1/h	CENSEE	118		22. F1	name a ranc	is G	asch	S	Son	s Fu	nera	1 Ho	me	, P.A	nd
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	complications the List only one can be seen as Due to be seen as D	LOR AS A CONSI	EOUENCE O	22. F1 4 mot enter	ranc 739	is G Balt	asch imor	's	Son	s Fu	nera:	l Ho	me	P.A  Approximation of the control of	ata
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	complications the List only one can be served by the serve	LOR AS A CONSI	EOUENCE O	22. F1 4 mot enter	ranc 739	is G Balt	asch imor	's	Son	s Fu	nera:	l Ho	me	Approxis	ata
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	complications the List only one can be seen as Due to be seen as D	LOR AS A CONSI	EOUENCE O	22. F1 4 mot enter	ranc 739	is G Balt	asch imor	's	Son	s Fu	nera:	l Ho	me	Approxis	ata
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO  b. DUE TO  c. DUE TO  d. Corr	OF AS A CONSI	EOUENCE O	22. F1 4: not enter	rance 739 the mo	ND ADDRESS G Balt Dode of dy	asch imor ing, suc	's e A	Son AVen cardiac	s Fu	neral Hyat ratory an	1 Hotsvirest,	ome 11c	Approxis	inta d Di
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	a. DUE TO  b. DUE TO  c. DUE TO  d. Corr	OF AS A CONSI	EOUENCE O	22. F1 4: not enter	NAME A rance 739 the mo	ND ADDRESS G Balt Dode of dy	iss of FF asch	See A see A	Son AVen cardiac	S Fundament of Fun	neral Hyat ratory an	1 Hotsvirest,	ome 11c	Approxitinterval onset as Onset as Autopsy Label Prior Properties of Death?	letw d Di
shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions	a. DUE TO  b. DUE TO  c. DUE TO  d. Corr	O OR AS A CONSI	EOUENCE O	not enter	NAME A rance 739 the modernylin 26. Pr	ND ADORE IS G Balt Dode of dy  Cause LACE OF E	given in	Part	Son AVen cardiac	PULL PROPERTY OF THE PROPERTY	neral Hyat ratory an	1 Hotsvirest,	ome 11c	Approxitinterval onset as Onset as Autopsy Label Prior Properties of Death?	inta d D
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending	a. DUE TO  b. DUE TO  c. DUE TO  d. Carributing to	JOR AS A CONSI	EOUENCE O	22. F1 4 'A 'Nur	Tance 739 the modern of the mo	ND ADORE  IS G  Balt  Delta of d  Compared to the compared to	given in	Part	Son AVen cardiac  L  1. 24a  1 [  1 (Sp) Other (Sp)	PULL PROPERTY OF THE PROPERTY	AUTOPSY MED?	1 Hotsvi	ome 11c	Approxitinterval onset as Onset as Autopsy Label Prior Properties of Death?	lete d D
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined	DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  DUE TO	OF INJURY — ALP	EOUENCE O  EOUENCE O  EOUENCE O  Tesulting  Tesulting	22. F1 4 not enter	Tance 739 the modern of the mo	ND ADDRES G Balt Dode of dy  Cause  LACE OF E  LACE OF E  TURKY  TYPES  a end place	given in	Part  286.	Son AVen cardiac  Locardiac   or resplication of resplicatio	AUTOPSY MED?  NO NURY OC	24	ome 114  AMA  Route	Approxision on set as a consequence of the conseque	interior de la companya de la compan	
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DATN  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined.  299. CERTIFIER (Check only) 1 CERTIFYING PHYS	a. DUE TO b. Several DUE TO c. DUE TO d. Can HOSPITAL: 1 Inpatient 2 Inpatient	OF INJURY — ALP	EOUENCE O  EOUENCE O  EOUENCE O  Tesulting  Tesulting	22. F1 4 not enter	Tance 739 the modern of the mo	DADORE IS G Balt Dode of dy  Cause  LACE OF E BURY AT DRYS  LACE of the self-self-self-self-self-self-self-self-	given in	Part  29d.  29d.	Son AVen cardiac  Locardiac   or resplication of resplicatio	AUTOPSY MED?  NO  NUMBER  NO  NO  NUMBER  NO  NO  NUMBER  NO  NO  NUMBER  NO  NO  NO  NUMBER  NO  NO  NO  NUMBER  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24-	Dime 110	Approxision on set as a consequence of the conseque	inta letwed D	

TOTA After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after the State Deg. of Health and Mental Hygiene prior to burial, cremation, or removal.

28 is marked, or last 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND MATE OF DEATH	IENTAL HYGIENE REG. NO.		. , ,		
ì	1. DECEDENT'S NAME (First, Middle, Last)		1		2. DATE OF DEATH	YEAR	3. TIME OF DEATH		
1	MAGDALINE	Α.	HARDING	The state of the s	ECEMBER 27	92	8:05 A M		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday) F	UNDER 1 YEAR IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8. BIRTH Countr	IPLACE (State or Foreign		
	579 09 7149 9a. FACILITY NAME (If not institution, give a	1 M 2 XX	78 YRS.		July 27 191		shington D.C.		
DIRECTOR	PHYSICIANS MEMORI		I	A PLATA	CI	HARLES			
EC.	10a. STATE 10b. COUNT	Y	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?		
		Mary's	Mecl	nanicsville			1 - YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE	101	g. CITIZEN OF V	WHAT COUNTRY?		
	4327 Hunt Road	12. WAS DECEDENT EVER	MILE ADMED	20659 13. WAS DECENDENT OF HISPANI	C OBIOINS (Specify Voc or h		ed States E - American Indian,		
	1 Never Married 2 Married	FORCES? 1 YE	S 2 XNO	If yes, specify Cuben, Maxican  1 YES 2 NO Specify:	, Puerto Ricen, etc.)	Black	Black, White, atc.		
D BY	3 Widowed 4 Divorced	<u> </u>			No		White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	e completed)	(Give kind of work life. Do NOT use ref	AL OCCUPATION done during most of working ired.)	16b. KIND OF BUSINES	SS/INDUSTRY			
립	12	College (1-4 or 5+)	Chief Cas	shier-Warehouse	Sears		5		
Š	17. FATHER'S NAME (First, Middle, Lest)		· <del></del>	18. MOTHER'S NAM	IE (First, Middle, Malden Sum	iame)			
BE (	Ernest Howard				Ganley				
2	19a. INFORMANT'S NAME (Type/Print)  Eugene B. Calmon			oness (Street and Number or Aural A Chalford Lane					
	20a. METHOD OF DISPOSITION			N (Name of cometery, crematory or		ION — City or To	nun State		
	1& Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	Fort Lincol	In Cemetery			Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF FACE Beall-Evans F			/		
	Redent E.	Evamo.	, toen2	16000 Annapol			20715		
	23. PART I. Enter the diseases, or						Approximete		
	shock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause on	each line.				Interval Between Onset and Death		
	disease or condition resulting in death)	· Au	te tula	onary td	emy				
		DUE TO (OR A	A CONSEQUENCE OF):	1 - 1					
ON	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	A CONSEQUENCE OF):	LUM 1911	<u> </u>				
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury	a Atr	ial fibri	llation					
E	that initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE OF):	·					
CERTIFICATION	Toolding in cooling Exot	d					_		
AL	PART ii. Other significant condition			ne underlying ceuse given in	Part I. 24a. WAS AN AUT PERFORMED		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
20	Lliac	Anenysu			1 _ YES 2 _	NO	OF DEATH?		
M					_		1 TES 2 NO		
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Che	ork anti- one)				
Sici	EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:  Nursing Home 5 Residence					
H	27. MANNER OF DEATH	26a. DATE OF INJUR	Y 28b. TIME O	F 28c, INJURY AT	28d. DESCRIBE HOW INJU	RY OCCURED			
y P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yea	, INJUNI	M 1 YES 2 NO					
	2 Accesent 3 Suicide 6 Could not be 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Num City or Town, State)								
=	20. CERTIFIER								
BE COMPLETED	(Check only			t the time, data and place, and due n my opinion, death occured at the			e) and manner as stated.		
8	29b. SIGNATURE A TO TITLE OF CERTIFIE	SPE A SPE		29c. LICENSE NUM	BER 29	d. DATE SIGNE	D (Month, Day, Year)		
TO 18	D-40479								
	30. NAME AND ADDRESS OF PERSON WI ROBERT L. DAVISO	N M.D. SUIT	DEATH (ITEM 27 (Type, Pri E 104 PEMBR	OOKE SQUARE HWY	7 301 S. WAL	LDORF M	D 20603		
	31. DATE FILED (MONTA ON WO) 5 1	99 32. REGISTRANA, SI	Davidson-Rand	402					



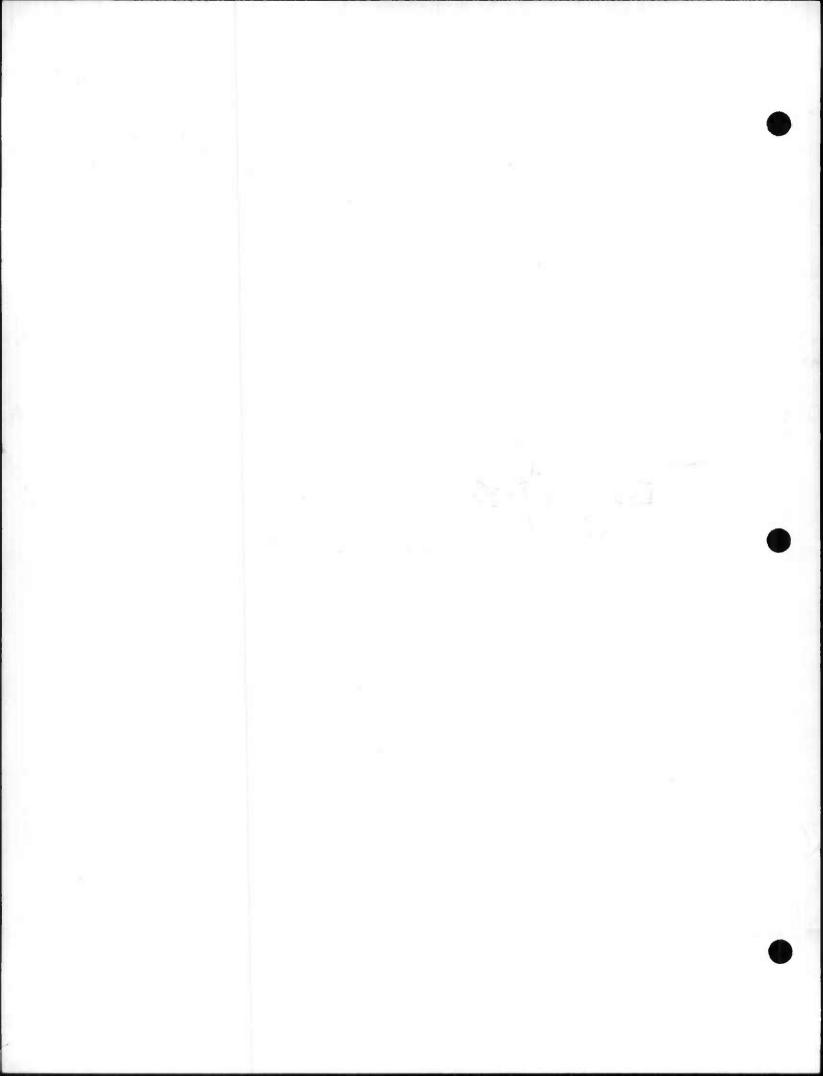
TO THE REFINE OF TENDING PHYSICIAN: The law requires that the death cartificate be executed within 25-curs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLEW CHECKER. After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremetion, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

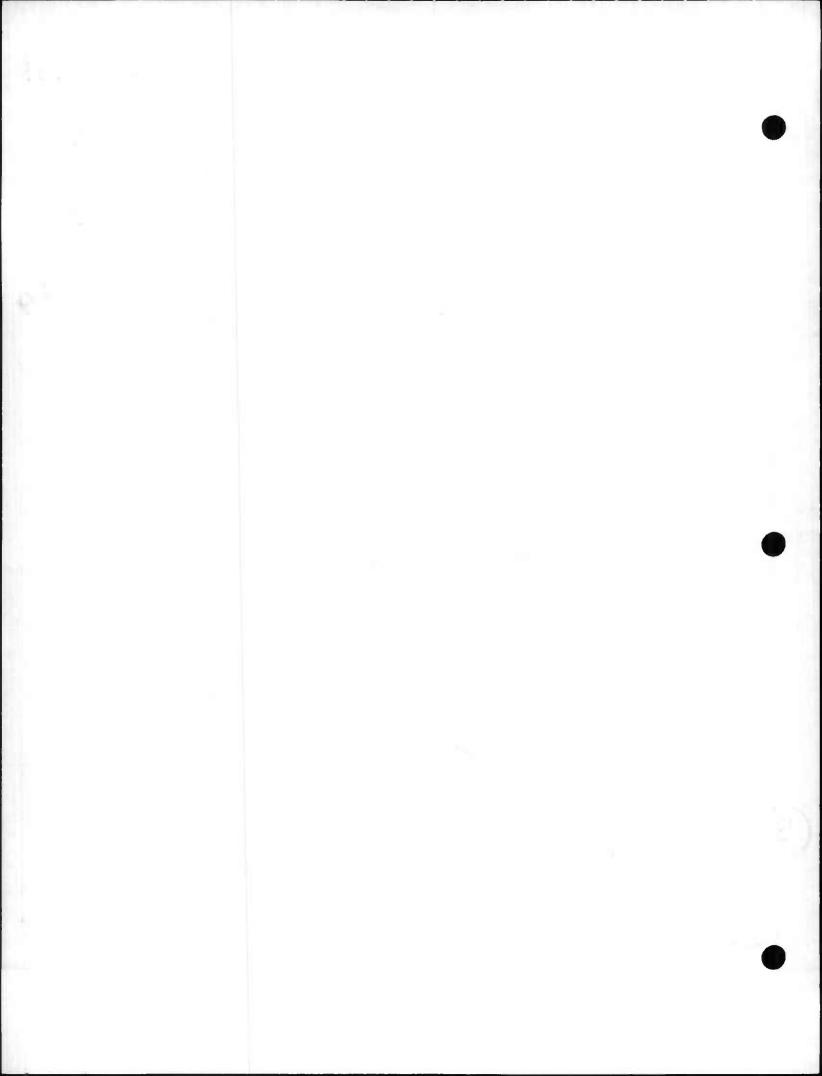
-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH		HYGIENE REG. NO.
-	PECEDENT'S NAME (First Middle I and)		A DATE OF	DEATH

1 - STATE REGISTRAR		SIMIE UF I			ICATE				MENIA	REG. NO			
1. DECEDENT'S NAM	E (First, Middle, Lest)	Hou	ston						2. DATE MONTI	OF DEATH		cy san	3. TIME OF DEATH  3. 29 Am M
4. SOCIAL SECURITY 489- 12-		5. SEX	6. AGE (In yrs. 84	lest birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH	-08	Count	IPLACE (State or Foreign y) SOUTI
90. FACILITY NAME (		et Nurs	. 17		9b. CITY, 1	TOWN O	R LOCATIO	ON OF DE	ATH			INTY OF D	EATH
RESIDENCE OF 100. STATE  Maryland	DECEDENT	a mas	ma 110	me		rel					Pr	Ince	Georges
Monari Land					TY, TOWN OR		ION						10d. INSIDE CITY LIMITS?
	Maryland Prince Georges Suitland TOO. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF WHAT				1 YES 2 NO		
10e. STREET AND NU	ington St	. #2					2074	6			1.75	I.S.A	
11. MARITAL STATUS 1 Never Merried 3 Wildowed 4	2 Merried	12. WAS DECEDER		ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- 14					14. RACI	E — American Indian, k, White, atc.			
	5. DECEDENT'S EDU city only highest grade dery (0-12)			18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  factory worker						anufac			
17. FATHER'S NAME (	First, Middle, Last)	<del></del>			2 7 110	1110		HER'S NA		Middle, Maiden		IIE	
unol	otainable									nable			
196. INFORMANT'S N					I Carlotte and Alli					ber, City or Tox			20701
Bottie B	POSITION	1	20b. PLAC	CE OF DISPO	SITIOUE Name (Name				. ну	attsvj		- City or To	
1 Burlel 2 Donetion 5		ioval from State	Metr	opoli	tian	Cre	mato	ry 1	2/30	/92 A	Lexar	dria	, VA
21. SIGNATURE F	UNERAL SERVICE LI	I Les	Beel	,			D ADDRE			Home.	.Tnc .	4308 Suit	Suitland R land,MD 207
Sequentially list of any, leading to cause. Enter UNE CAUSE (Disease that initiated eval	disease Dr condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other als	gnificent condition	_	death but no	_				given in	Part i.	24a. WAS AI PERFO 1 TYES	RMED?	241	). WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO
25. WAS CASE REFEI EXAMINER?  1 YES 2 C	RREO TO MEDICAL					_	ACE OF C	EATH (Cr	neck only o	ne)			
1 YES 2		HOSPITAL:		3 🗆 DOA	4 Nursi		• 6 □ R	esidence	a 🗆 Othe	er (Specify)			
27. MANNER OF OEA  1 Netural 2 Accident					28b. TIME OF 28c. I			□ NO	28d. DE	28d. DEŞCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Flown, State)								Route Number,				
3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2		ER: On the basic of											s) end manner es stated.
29b. SIGNATURE AN	TITLE OF CERTIFIE	1	1					ENSE NU			29d, D/	TE SIGNE	O (Month, Day, Year)
30. NAME AND ADDR	new Kun	ORAT	8317	CHE	RRY		dr E		LAU	461	164	12	7007
31. DATE FILED (Mgg	31. DATE FILED (Magrin Poly boots 1993) 32. RECISTRAN'S SHENATURE Pandalle												



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TO THE HOSP IN CONTRICTOR PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n
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	1 - FOR STATE REGISTRAR	OF MARYLAND / D Cef	EPARTMENT OF RTIFICATE OF		ENTAL HYGIENE REG. NO	E	
	1. DECEDENT'S NAME (First, Middle, Legs)	Hai	milton		2. DATE OF DEATH MONTH DAY	- GYEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  1 □ M 2X	6. AGE (In yrs. last bit	YRS. IF UNDER 1 YEAR MONTHS DAYS	(Month, Day, Year)	Co	RTHPLACE (State of Foreign unity)	
~	9a. FACILITY NAME (If not institution, give street and numb		9b. CITY, TOWN	OR LOCATION OF DEAT	ТН	9c. COUNTY O	
Ę	PRINCE GEORGES GENERA	L HOSPITAL	Chev	erly		Prince	Georges
DIRECTOR	10a. STATE 10b. COUNTY	1	IOC. CITY, TOWN OR LOC	ATION			10d. INSIDE CITY
	MD. Prince Ge	orges	Largo				1 X YES 2 NO
FUNERAL	10174- Scotchill Dri	110	X	20772		U.S	F WHAT COUNTRY?
18	11. MARITAL STATUS 12. WAS DE	EDENT EVER IN U.S. ARMEI	D 13. WAS D	ECENDENT OF HISPANIC	ORIGIN? (Specify Yes		ACE — American Indian, lack, White, atc.
B		7 1 TYES 2X3410 BIVE WAR OR DATES		specify Cuban, Mexican, ES 2 NO Specify:	Puerto Rican, etc.)	S	leck, White, atc. pecify: Black
品	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give	DENT'S USUAL OCCUPAT		16b. KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12) College (1-	or 5+) Iffe. Do	NOT use retired.)		27 /2		
OMI	17. FATHER'S NAME (First, Middle, Last)	Bea	autician	18. MOTHER'S NAME	N/A (First, Middle, Maiden 5	Surname)	
б ш	David Bennett			Odessa		,	
10 B	19s. INFORMANT'S NAME (Type/Print)			t and Number or Rural Roo			
	Fredessa Hamilton			side Way,			
	1 X Burlet 2 Cremation 3 Removal from Sta 4 Donation 5 Other (Specify)	te 20b. PLACE AND	DATE OF DISPOSITION ( tory or other place) WOOD Cemet			CATION — City of	
	21, SIGNATURE OF JUNERAL SERVICE LICENSEE	·/ /	22. NAME	AND ADDRESS OF FACIL	12/23 Was		
dyg	Aprelta a.	Hacket	814	kett's Fun — Upshur S	treet, N.	W.	•
	23. PANT I. Enter the diseases, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Final disease or condition resulting in death)	s that coused the deeth of cause on each line.  LLQ					Approximata Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	JE TO (OR AS A CONSEQUE JE TO (OR AS A CONSEQUE					
ERT	resulting in death) LAST						
MEDICAL	PART II. Other algoriticant conditions contribute  HX Lyny Concer, No No  Partic Cychons,  aluane (575.6m.)	ng to death but not resulted from  hyperfects  Hyperfects	ulting in the underly in Rywa we also be	ing ceuse given in Pr April Lobe Was accept	PERFORI		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
Sic Sic	25. WAS CASE REFERRED TO MEDICAL  EXAMINENT?  1 YES 2 NO 1 Inputter		OTHER:	PLACE OF DEATH (Check			
PHYSICIAN:	27. MANNESI-OF DEATH 28a. DA	TE OF INJURY 2	8b. TIME OF 28c. t	ome 5 Residence 6 NJURY AT 2	Li Other (Specify)	JURY OCCURED	)
ВУР	1 Naturat 5 Pending 2 Accident Investigation	orth, Day, Year)		VORK? YES 2 NO			
ETED 6	3 Suicide a Could set by 28e. Pt	ACE OF INJURY — At home, Idling, etc. (Specify)	, ferm, street, factory, of	fice 2	181, LOCATION (Street as City or Town, State)	nd Number or Ru	rel Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the loss with the control of the certification of the c						se(s) and manner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED	mo	20-04-	120 LICENSE NUMB	ER	29d. DATE SIGN	NED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year) 32. REC	STRAPS GIGNATURE	5009 Ra	ypumet	Cospill	21 20	748
	JAN 0 4 1993	Ina Davidson-N	index ,				



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THE PHESICIAN: THE LAW FEGURES THAT THE DESIT CERTIFICATE OF SECURED WITHIN 24 FOUR'S ARE DEATH. PAGE 6 MAY BE TRIBINED BY THE HOSPITAL OF THE	letely	remai	int,
001	comp	ial, c	6
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	DR. A	P all	80
U INE MONING ON ALIENI.	I THE FURTHER OFFICIAL AND EACHTRICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriet-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	WPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	3	22	If Ite
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2	변분	# Pe	DHTA
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92 38182 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 13 92 BELINDA **HERRING** 3:00 P M 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 1 🗌 M 2 🙀 F HOURS YRS. 577-96-4553 28 10-28-64 Wash., D.C. Se. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CHEVERLY PG RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland PG 1 X YES 2 NO Landover FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3211 75th Ave 20785 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 X NO Specify: 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Clerk Food Service 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Alberta Samson Pellzer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 Alberta Pellzer 75th Ave, Landover, Md. 20785 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE to Buriel 2 Cremetion 3 C Donation 5 Other (Specify) Harmony Landover, Md. 21. SIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Plunkett Funeral Home ay 2504 28th St., N. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between shock, or heart failure. List only one cause on each line **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CHRONIC RENAL FAILURE

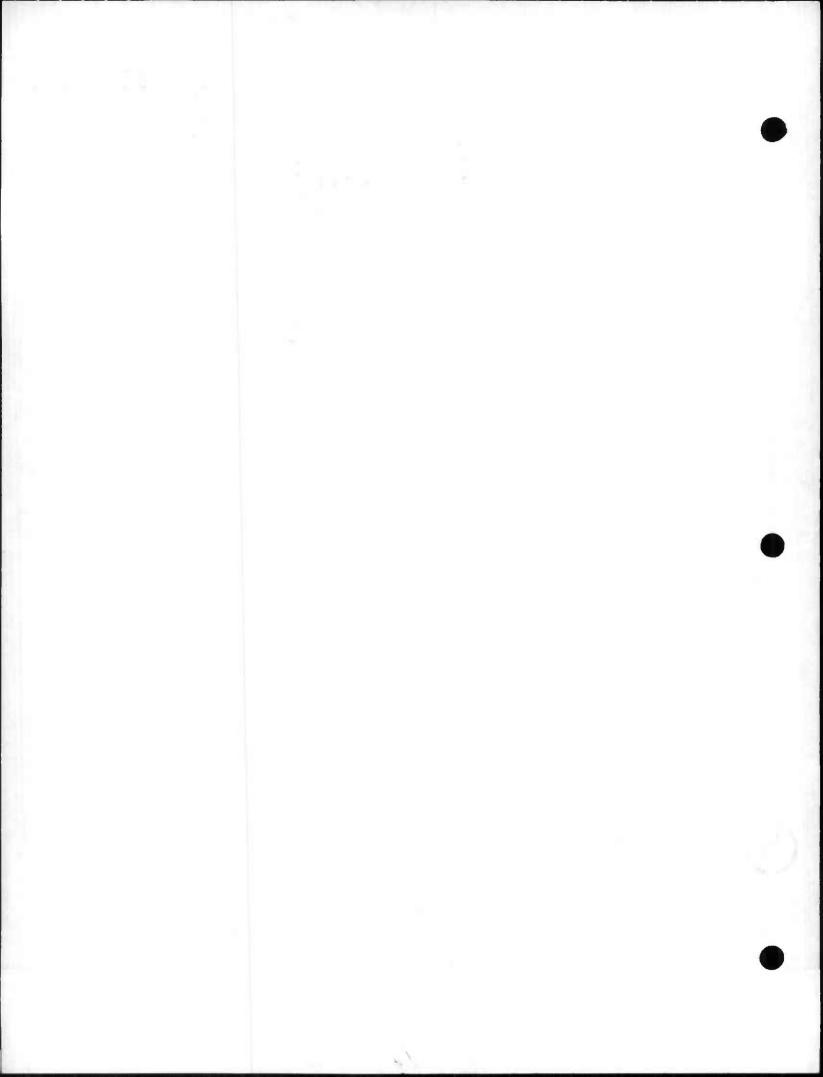
DUE TO (OR AS A CONSEQUENCE OF): AQUIRED IMMUNE DEFICINCEY SYNDROM CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):

MYCOBACTRIUM INFECTION if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST APOSI'S SARCOMA PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a, WAS AN AUTOPSY GASTROINTESTINAL 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Linpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO rme 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural
Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 \_\_\_ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIS 29c. LICENSE NUMBER D43690 BE Shamona MO MhD Stape 12/14/1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MOUSTAFA SHAMMA, MD, PND, 3001 HOSPITAL DR. CHEVERLY, MD 20785

32 REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) JAN 0 8 1993



YEAR

3. TIME OF DEATH

5:00

8. BIRTHPLACE (State or Foreign Country)

MARY'S

MASSACHUSETTS

10d. INSIDE CITY

MD 20619

Approximata interval Between

Onset and Death

14. RACE — American Indian, Black, White, etc.

Specify:

WHITE

1 X YES 2 NO

**MARYLAND 21215-0020** 

BALTIMORE,

DIRECTOR

BY FUNERAL

COMPLETED

BE

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notified at

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medical

the

event,

traumatic

other

10 Injury,

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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2

P P &

is marked,

that the death certificate be

signed by the any

OR ATTENDING PHYSICIAN: The law requires I DIRECTOR: After this certificate has been signe hours after death with the State Dept. of Health Mem 28 is marked, or them 23 shows a DIVISION Porton II II

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH MONTH DAY JOSEPH ALDEN INGALLS, JR ECEMBER 13 1992. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 019-20-9901 FEBRUARY 7 1914 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CEDAR LANE APARTMENTS LEONARDTOWN RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND ST. MARY'S **LEONARDTOWN** 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY CEDAR LANE APARTMENTS # 321 20650 UNT

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 X NO Specify: UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) 12 GREENS KEEPER LANDSCAPING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPH ALDEN INGALLS, SR MILLIE BENSON ROBINSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CLAIRE I. ANDREWS 2760 MILL COVE HARBOR ROAD CALIFORNIA 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 ☑ Cremation 3 ☐ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State cemetery, crematory or other place)
HUNTT CREMATORY 4 Donation 5 Other (Specify) 12/18 WALDORF, MARYLAND 21- NORTATUBE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BRINSFIELD FUNERAL HOME MICHAEL K. BLANKENSHIP 59 N. WASHINGTON STREET. 23. PART I. Enter the diseases, or complications that clusted the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF) resulting in death) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events reaulting in deeth) LAST 24s. WAS AN AUTOPSY

PART II. Other algnificant condition	ona contributing to death but not reau	ilting in the underlying cause given in Part I
25. WAS CASE REFERRED TO MEDICAL		
O. WAS CASE REPERRED TO MEDICAL		26. PLACE OF DEATH (Check only

1 Inpatient 2 ER/Outpatient 3 DOA

26e. DATE OF INJURY (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES ZY NO

LEONARDTOWN

only one)	
Other (Specify)	
d. DESCRIBE HOW INJURY OCCURED	

3 Suicide 4 Homicide	6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)	261. LOCATION (Street end Number or Rural Route Number City or Town, State)
(Check only	CERTIFYING PHYSICIAN	: To the best of my knowledge, death occurred at the time, date and place, and due	to the cause(e) end manner es stated.

28b. TIME OF

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mooth, Day, Year)

	Louse	M	
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print

HOSPITAL:

D27189

4 Nursing Home 5 Residence 6

1 YES 2 NO

28c. INJURY AT

ZAHIR YOUSAF, MD MEDICAL ARTS BUILDING, LEONARDTOWN, MD 20650 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Pandalle

CDC 2

EXAMINER?

1 Netural

2 Accident

1 YES 2 NO

5 Pending

Investigation

27. MANNER OF DEATH

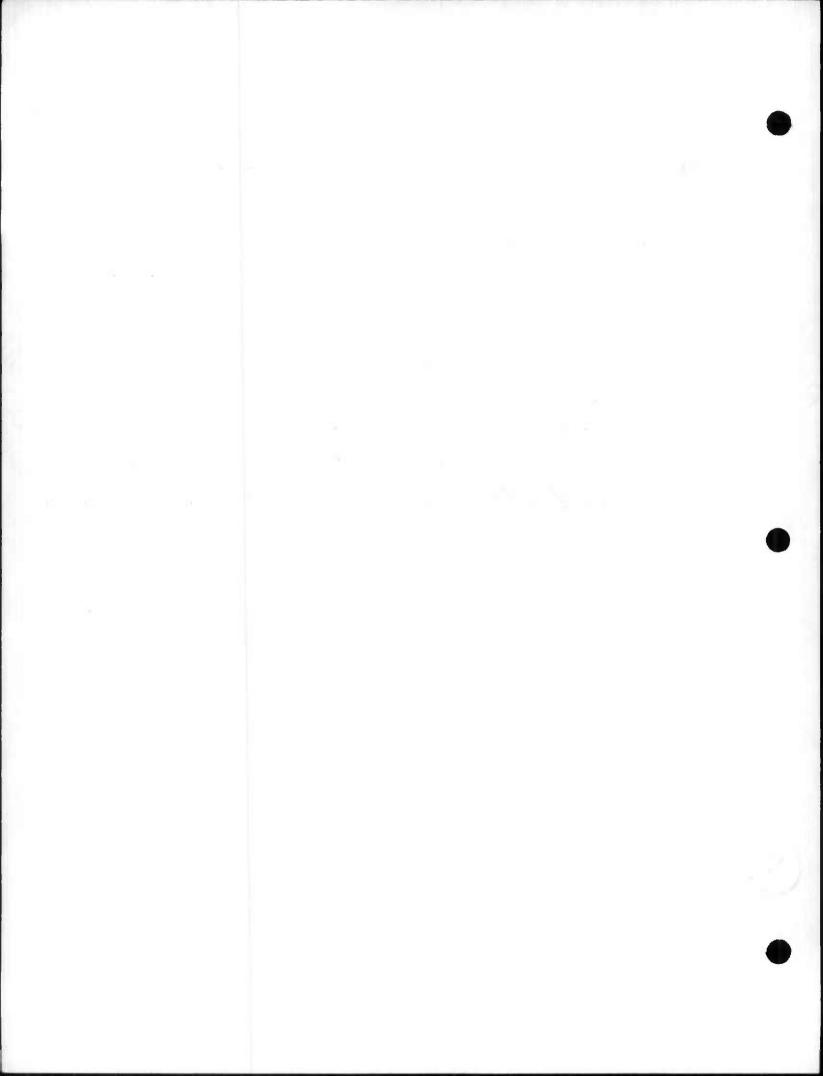
THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.—Curs after death. Page 6 may be retained by the hospital or attending physician.

ELIDINAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled much 72 murs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				GIENE B. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) HERMAN F .			Jone	۵	2. DATE OF OEL MONTH DICEME	DAY	YEAR 992 1140 M
	4. SOCIAL SECURITY NUMBER	Ar		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	TH bar)	8. BIRTHPLACE (State or Foreign Country)
	214-34-6126  9e. FACILITY NAME (If not institution, give st	02		b. CITY, TOWH O	R LOCATION OF DE	6-16-		Maryland NTY OF DEATH
TOR	PENINSILLA RECION RESIDENCE OF DECEDENT	IAL MEDICAL C	ENTER	SALTSI	RURY		wı	COMTCO
DIRECTOR	10a, STATE 10b, COUNTY  Md Wi	comico		town or Locati	ON			10d. INSIDE CITY LIMITS? 1 YES 25 NO
	10e. STREET AND NUMBER		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ZIP CODE			ZEN OF WHAT COUNTRY?
FUNERAL	Rt # 1 Box 146	12. WAS DECEDENT EVER IN			21874 ENDENT OF HISPAN		cify Yea or No-	S • A •  14. RACE — American Indian, Black, White, etc.
BY F	1 Never Married AMarried 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DAT			city Cuben, Mexicar 2 XNO Specify		rc.)	Specify: White
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade		16a. DECEDENT'S US (Give kind of wor life, Do NOT use	SUAL OCCUPATIOn in done during most retired.)	N It of working	18b. KIND	OF BUSINESS/INC	DUSTRY
MPL	8 17. FATHER'S NAME (First, Middle, Last)		Farmer-	Poult	18, MOTHER'S NAI		n Farm	
BE CC	William J. Jor	nes				e Give		
TO B	190. INFORMANT'S NAME (Type/Print) Catherine P. Jo	nes		as 10.	nd Number or Rural F			Code)
	20a. METHOO OF DISPOSITION 1 XBurlal 2 Cremation 3 Rem	20b.	PLACE OF DISPOSIT					City or Town, Stata
	4 Donation 5 Other (Specify)  21. SIGNATURE OF UNERAL SERVICE LICE		t. Plea		emetery		Willar	ds. Md.
	Suald (	1 Journ	2/	Bound	sFuner	ral Ho	me, Sa	lisbury, Md.
	IMMEDIATE CAUSE (Finel disease or condition	complications that caused List only one cause on ea	the death. Do no ch line.	t anter the mo	de of dying, auci		Para	Interval Between Onset and Death
	resulting in death)	DUE TO (OM AS A	CONSEQUENCE OF)	7	164 4	fac	race	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A.	CONSEQUENCE OF):		- O-			
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		tter			
	PART II. Other significant condition	na contributing to death bu	ut not resulting in	the underlying	g cause given in	Part J. 24a, \	MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL						_ 10	YES 2 NO	OF DEATH?
AN:	25. WAS CASE REFERRED TO MEDICAL			28 Pi	ACE OF DEATH (Ch	eck only one)		
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Residence		Hy)	
PH	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT PRK?	28d. DESCRIBE	HOW INJURY OC	CCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci				281. LOCATION City or Town	(Street and Numbern, State)	or or Rural Route Number,
COMPLETED	cond only	ICIAN: To the best of my knowle						rted, the cause(a) and manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIE	//			29c. LICENSE NUI	WBER S	29d. DAT	TE SIGNED (Month, Dey, Year)
5	30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE OF DE		A	22/	541		73480
	William K	obbins Mil		50 & Civ	ic Aue	SALi	sbucy	MD. 21801
12	JAN 0 4 1993	fula Daydson-N	more and					



IRVIN JOHNSON

92 38185

	1 - STATE REGISTRAR	OINIE OI III	CI	ERTIF	ICATE OF	DEA	TH	MENIAL HT	B. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DE	ATH		3. TIME OF DEATH
	Samue1	Irvin		Jo	hnson			HONTH	DAY	YEA	2 7.50 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)		IF UNDE	R 24 HRS.	7. DATE OF BIRT		8. BI	RTHPLACE (State or Foreign
	214-10-8227	1 XM 2   F	88	YRS.	MONTHS DAYS	HOURS	MIN.	05/ 28	/ 04		Maryland
	Se. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOWN	OR LOCATI	ION OF D			COUNTY O	
DIRECTOR	SALISBURY NURISNO	G & REHAB	CENTER		Salisbu	ry,	Mary	land		licom	
EC	10a. STATE 10b. COUNT	Y		10c. CIT	TY, TOWN OR LOCA	TION					10d, INSIDE CITY
DIE	Maryland Wi	comico			Hebron						LIMITS?
AL	10e. STREET AND NUMBER				10	r. ZIP COD	É		10g.	CITIZEN O	F WHAT COUNTRY?
ER	Rt. 1, Box 98				,	218	330			USA	
S	11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AR	MED	13. WAS DE	CENDENT (	OF HISPA	NIC ORIGIN? (Spec	ify Yes or No	— 14. R.	ACE — American Indian, lack, Whita, atc.
COMPLETED BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2	10	If yes, sp	2 YNO	an, Mexica	en, Puerto Rican, e	lc.)		lack, Whita, atc.  pec/ly:  white
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	S USUAL OCCUPATION	ON worki		16b. KIND (	F BUSINESS	INDUSTR	
LEI	Elementary/Secondary (0-12)	College (1-4 or 5+	) Him.	Do NOT u	work done during me use retired.)	DS: Ut worm	ng				
NP NP	12		Sa	alesm	nan			men	s clo	thing	g
00	17. FATHER'S NAME (First, Middle, Lest)					18. MOT	HER'S NA	AME (First, Middle, A			
BE	Clarence (unk)	Johnson				I	May	(unk) C	oulbo	urn	
5	19a. INFORMANT'S NAME (Type/Print)				G ADDRESS (Street					n, Žip Code)	
F	Kathleen M. Adki	ins	I	Rt.	1, Box 5	2, He	ebro	n, Md. 2	1830		
	20a/METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	auni form State			OF DISPOSITION (N	ame of -		DATE 2	Dc. LOCATIO	N — City or	r Town, State
	Donation 5 Other (Specify)	-0	Hebror	n Cer	metery			12/30	Hebro	on, M	d.
	21. SIGNATURE OF FUNERAL SERVICE LIC	DEMSKEY /	1		22. NAME A			CILITY			
	> 400M 9	40016	2011					eral Hom			
	23. PARTA. Enter the diseases, or o	complications that	county the de	anth Do	50]	Snow	Hil	1 Rd., S	alisb	ury,	Md. 21801
	ahock, or heert fellure.	List only one caus	se on each line	).	HOL WHEN THE THE	Ne or u,	Ing, suc	Il sa ceruiec or	respiratory	STITES.,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition	6-0.1	0	0.	. 10				-		Onset and Death
	resulting in desth)	a. OHE TO	OR AS A CONSEC	- NO	halle		PN	reumon	neel		
_1		//	On ha h control	Juence o	<del>+):</del>		4.00				
CERTIFICATION	Sequentielly list conditions,	DUE TO	(OR AS A CONSEC	OUENCE O	DEL T	LUN	~ 3				
Ä	If any, leading to immediats cause. Enter UNDERLYING			20000							
F	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSEC	OUENCE O	F):						
FI	resulting in deeth) LAST	4									
2	DATE II ON IIII										
SICAL	PART II. Other algnificant condition	s contributing to	deeth but not n	esuiting	In the underlyin	g ceuss	given in		AS AN AUTOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
o	- HIN							1 🗆 1	ES 2/17 NO		OF DEATH?
ME	Dinbe	les							~		1 - YES 200
PHYSICIAN: MED											
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PI	LACE OF D	EATH (Ch	eck only one)			
YSI	1 TES 2 NO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3	DOA		10 5 🗆 R	ssidence	8 ☐ Other (Specif	y)		
표	27. MANNER OF DEATH	28a. DATE OF I		28b. TIM	JURY 28c. INJ	JURY AT ORK?		28d. DESCRIBE	HOW INJURY	OCCURED	
BY	1 Natural 5 Pending Investigation				M 1 🗆	YES 2	] NO				
	3 Suicide 6 Could not be	28e. PLACE OF building,	F INJURY — At horetc. (Specify)	me, farm,	atreet, factory, offic	a		28f. LOCATION (: City or Town,	Street and Nu	mber or Run	rel Route Number,
# 1	4  Homicide datermined										
COMPLÉTED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of a	my knowledge, de	eth occurr	red at the time, date	and place	, and due	to the cause(a) ar	d manner as	stated.	
O											e(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						ENSE NUI				IED (Month, Day, Year)
BE		1- A- 1	n			0	3	9213	•	19	1-2/0-
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	s, Print)		-	1012		1	120192
					DRIVE, S	ALTS:	RITRY	, MD	21801		
3	31. DATE FILED (Month, Day, Year)	0 32. REGISTRAL	R'S SIGNATURE	112132 1	DICT VIII O	21010	DOLLI	/ IID . 2	1001		
	JAN 07 1993 9	132. REGISTRAF	n-Handall	2							

ATTINDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DURCON: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made to the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

VISION OF VITAL RECORDS, P.O. BOX 68760,

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DHMH-16 Rev 1/89

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DA YEAR JOHN **JACKSON** 12 92 2:47 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 11-15-1924 68 1XXM 2 | F YRS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 503 BLOOM STREET na BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore permit. 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 503 Bloom Street burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Rican, IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify. BY 3 Widowed 4 Divorced use as the Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ğ Elementary/Secondary (0-12) College (1-4 or 5+) detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) n by the funeral director, page 5 should be removal. 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ocme/police 9 20s. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 □ Donation 5 □ Other (Specify) in state removal EL MANATURE de PUNERAL BERVICE LICENSEE Ronald Wade, Dir examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Junary 1/19/93 655 W.Baltimore St, Balto.MD 21201 medical 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximata shock, or heert fellure. List only one cause on each line. intarvai Between 0 IMMEDIATE CAUSE (Final **Onset and Death** the attending physician and completely fille d Mental Hygiene prior to burial, cremation, event, the disease or condition resulting in death) . Arteriosclerotic Cardiovascular Disease executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS certificate has been signed by the the State Dept. of Health and PERFORMED? AMILABLE PRIOR TO shows any CHRONIC RENAL FAILURE COMPLETION OF CAUSE 1 - YES 2 NO INOUIRY 1 | YES 2 | NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 4 - Nursing H TYPES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA me XXXesidence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) this c 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural
2 Accident 5 Pending Investigation L OIRECTOR: After the hours after death with them 28 is mark 1 YES 2 NQ BY 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide If Item 29e. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL ( TO THE HOS.
TO THE FURE.
FOR fined within ?,
IMPORTANT: IF 2 🕅 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE uma wel 12-26-1992 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A.KORELL M.D. 111 Penn Street, Baltimore, Maryland

DE BEGISTRAR'S SIGNATURE

21201

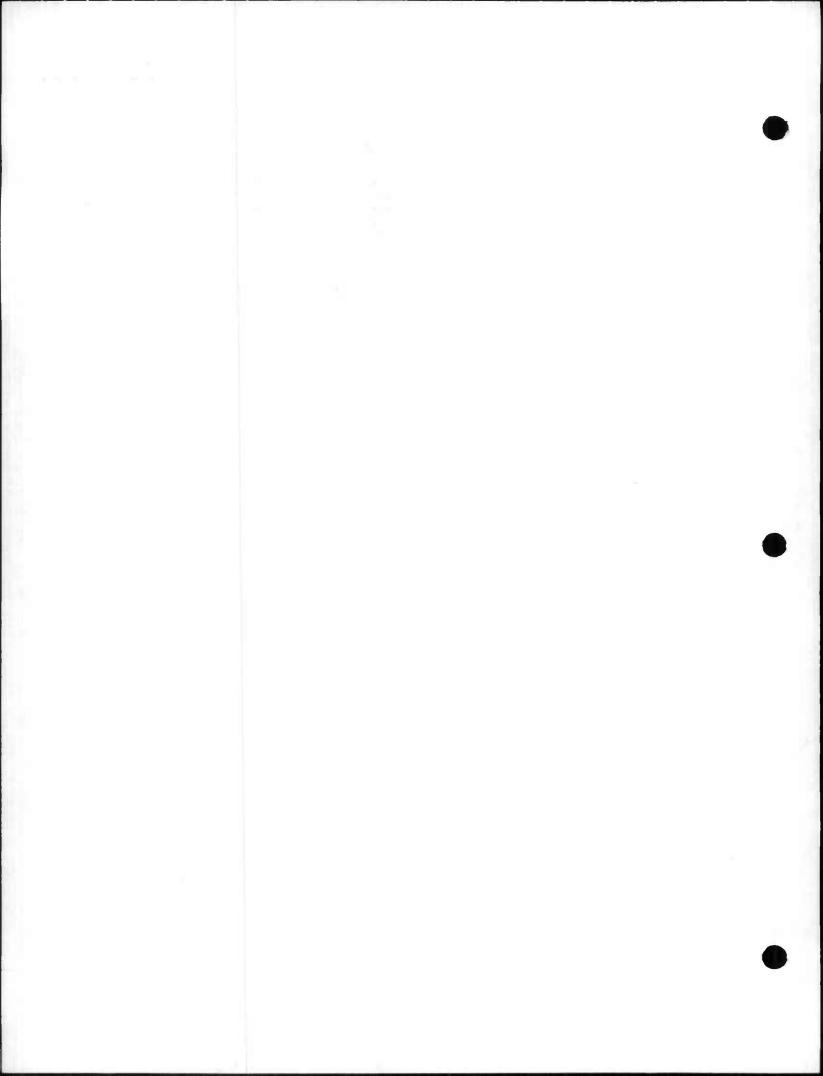
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	1 - STATE REGISTRAR		STATE OF MAI				DEATH	INCITI	REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)							E OF DEATH			3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBI			AGE (In yrs. la		UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH nth, Day, Year)		8. BIRTH Count	HPLACE (State or Foreign
	36503017		1 □ M 2 🂢 F	7.	5 YRS.		HOURS MM.	04	15 1	917	Detr	roit, MI
00	9a. FACILITY NAME (If not ins						OR LOCATION OF D	EATH			NTY OF D	
DIRECTOR	Presidential		s Health C	are Ce	enter	Adelp	hi			Pri	nce	George's
E C	10a. STATE	10b. COUNTY	1		10c. CITY, TO	WN OR LOC	ATION					10d. INSIDE CITY
	Maryland	Princ	e George's		Adelp	hi						LIMITS?
AL	104. STREET AND NUMBER					1	Of, ZIP CODE			10g. CITI	IZEN OF	WHAT COUNTRY?
FUNERAL	1801 Metzero	ott Ro				0.75	20783			U.	S.A.	
E	11. MARITAL STATUS	Married	12. WAS DECEDENT EV FORCES? 1	YES 2 X	RMED NQ	13. WAS DE	CENDENT OF NISPA	NIC ORK	iiN? (Specify Yes o Rican, etc.)	or No-	14. RACI	E — American Indian, ik, White, etc.
B	3 Widowed 4 Divor		IF YES, GIVE WAR	OR DATES			S 2 NO Speci				Spec	White
	15, DECI	EDENT'S EDU	CATION	16a. DE	ECEDENT'S USU	AL OCCUPAT	TION	1	Bb. KIND OF BU	SINESS/INC	DUSTRY	WILLEE
	Elementary/Secondary (0-	r highest grade -12)	College (1-4 or 5+)	iii	Give kind of work on Do NOT use ret	done during n ired.)	nost of working					
M M	10			Hon	nemaker				Own Ho	me		
COMPLETED	17. FATHER'S NAME (First, Mile		1 .				18. MOTHER'S NA			Sumame)		
H	William Krzy		SK1				Berth					
2	Edward J. Ki	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					and Number or Rural					0700
	200 METHOD OF DISPOSITION						n Street,					
	1 🖾 Burial 2 🗆 Cremation 4 🗆 Donation 5 🗆 Other	n 3 🗆 Reme	oval from State	cemetery, cre	and DATE OF DI	sposition (f	emetery 1	2/2	TE 20c. LO	CATION —	City or To	own, State
	21. SIGNATURE OF FUNERAL		CENSEE	Gate	or nea	22. NAME	AND ADDRESS OF FA	CH ITY				
	1 Lack		Frie	nd		France 4739	cis Gasch Baltimor	is i	Sons Fu venue,	nera: Hyat	l Ho tsvi	me, P.A. lle, MD
	23. PART i. Enter the dis	seeses, or c	omplications that ca	upped the de								
		part fallure	List only one cause	on each line	eath. Do not e	enter the m	ode of dying, suc	ch as ca	rdiac or resp		rest,	Approximata
	IMMEDIATE CAUSE (Fina	part fallure. I iai	List only one cause	on each line	е.					iratory an		Interval Between Onset and Death
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	IMMEDIATE CAUSE (Fine	part fallure. I iai	a. Al 2 CANA DUE TO (OR	on each line	е.					iratory an		Interval Between Onset and Death
NO	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition	sart failure.	a. At your TO (OR	AS A CONSE	DIFCON					iratory an		Interval Between Onset and Death
SATION	immediate Cause (Find disease or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY!	ions, diate	a. At your TO (OR	on each line	DIFCON					iratory an		Interval Between Onset and Death
IFICATION	inmiEDIATE CAUSE (Fini disease or condition resulting in death)  Sequentially list condition if any, leading to immediately in the condition i	ions, diate	a. Al 2 Lava gue to (OR b	AS A CONSE	QUENCE OF):					iratory an		Interval Between Onset and Death
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition any, leading to immed cause. Enter UNDERLYIF CAUSE (Disease or injurthat initiated events resulting in death) LAST  PART II. Other aignificant in the condition of the cause of	ons, diete NG ry T	B. DUE TO (OR DUE TO (	AS A CONSE	QUENCE OF):  QUENCE OF):  QUENCE OF):  QUENCE OF):  POBLISHED OF INJURY  Dome, ferm, street  anth occurred at investigation, in	HER: Nursing Ho 1   28c. If W 1   1   1   Ithe time, def	PLACE OF DEATH (Charter of Death (Charter of Dea	Part i.  Peck only  6 Ott  28d, D  28f, LC  ch  to the co time, de	24a. WAS AN PERFOR 1 VES 2  One)  Ther (Specify)  ESCRIBE HOW I  CATION (Street, y or Town, State)  ause(e) and massing and place, and	AUTOPSY MMED?  NJURY OCI  and Number	24b  CURED  or Rural I	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
COMPLETED BY PHYSICIAN: MEDICAL	inMiEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition if any, leading to immed cause. Enter UNDERLYIP CAUSE (Disease or injurthat initiated events resulting in death) LAST  PART II. Other aignificant in the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 PR  2 Accident SUICIDE GRAPH OF DEATH  1 Netural 5 PR  2 Accident SUICIDE GRAPH OF DEATH  1 Netural 5 PR  2 Accident SUICIDE GRAPH OF DEATH  1 OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  1 OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  1 OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  1 OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  1 OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  1 OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  1 OF DEATH OF DEATH  1 OF DEATH OF DEATH  1 OF DEATH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  3 SUICIDE GRAPH OF DEATH  1 OF DEATH OF DEATH  1 OF DEATH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  3 SUICIDE GRAPH OF DEATH  4 HOMICION SUICIDE GRAPH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  3 SUICIDE GRAPH OF DEATH  4 HOMICION SUICIDE GRAPH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  3 SUICIDE GRAPH OF DEATH  4 HOMICION SUICIDE GRAPH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  3 SUICIDE GRAPH OF DEATH  2 ACCIDENT SUICIDE GRAPH OF DEATH  3 SUICIDE GRAPH OF DEATH  4 HOMICION SUICIDE GRAPH OF DEATH  5 DEATH OF DEATH OF DEATH  1 OF DEATH OF DEATH OF DEATH  1 OF DEATH OF D	ons, diete NG ry T	B. DUE TO (OR DUE TO (	AS A CONSE	QUENCE OF):  QUENCE OF):  QUENCE OF):  QUENCE OF):  Pesuiting in the operation of the opera	28. If Nursing Hot W M 1 , fectory, offi	PLACE OF DEATH (Cheme 5   Residence LUURY AT ORK? YES 2   NO ice te end place, and due death occured at the 29c. LICENSE NUI	Part i. Part i. Part i. Part i. Part i.	24a. WAS AN PERFOR 1 VES 2  The (Specify)  ESCRIBE HOW I VOT Rown, State)  OCATION (Street or Rown, State)  Busse(e) and marks and place, an	AUTOPSY MMED?  NJURY OCI  and Number	24b  CURED  or Rural I	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Of Death?  1 VES 2 NO  Route Number,  a) and manner as stated.

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) EC29

1992

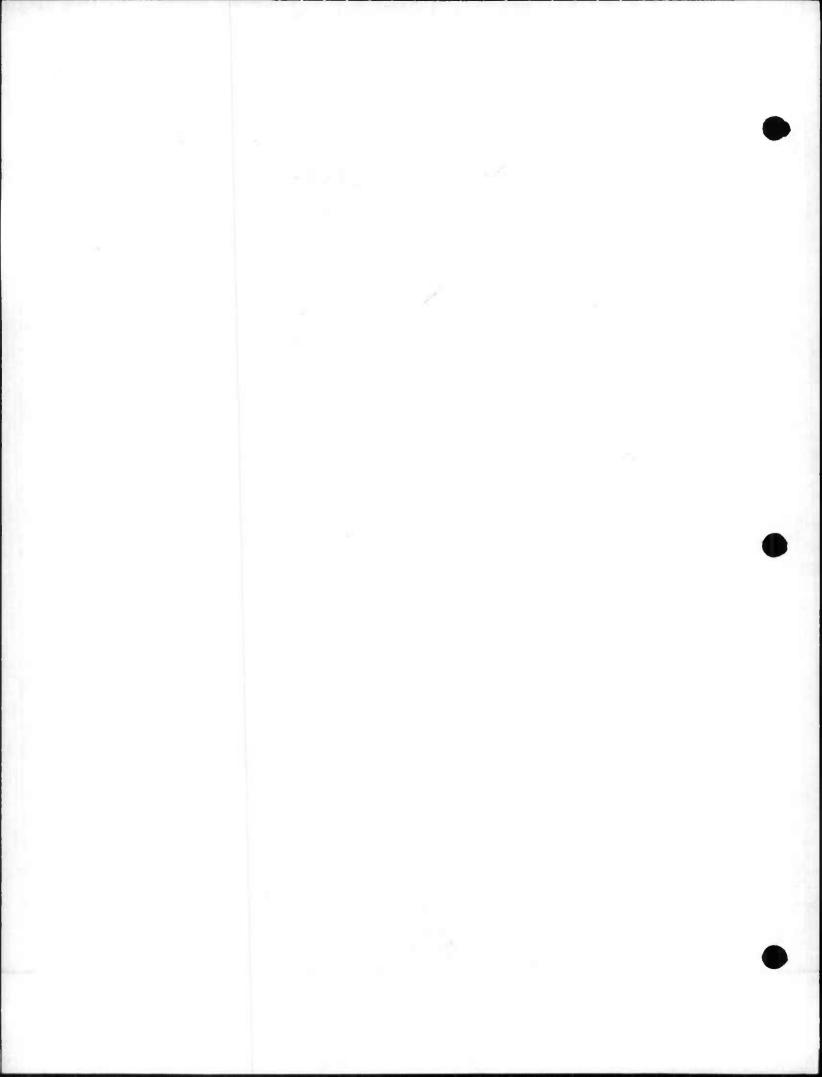


YSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been spined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE OF ATTENDING PHYSICIAN: The law requires that the death certificate	RAL DIRECTOR: After this certificate has been signed by the attending physical policy after death with the State Dept. of Health and Mental Hygiene pr	ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other t
TO THE	TO THE FUNE	IMPORTAN

31. DATE FILED (MONTH, Pay 1992

June Davidon-Mandell

		FOR	STATE OF MARYL	AND / DEDART	MENT OF H	FAITH AND I	SENTAL HIVOIEN	-	12 38188		
		1 - STATE REGISTRAR	SINIE OF MANTE	CERTIFIC			MENIAL HYGIEN REG. NO				
Γ		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
		Alverta Bo	elle Kı	cone			December	3 199	2 1805 M		
- 1		4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	- 3	191-05-8279	1 D M 2 X F 82	YRS.	ONTHS DAYS	HOURS MIN.	(Morith, Day, Year) 06/ 18/	10	pennsylvania		
	~	9a. FACILITY NAME (If not institution, give str	set and number)	9	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
	Ö	PENINSULA REGIONA	L MEDICAL C	ENTER	SALISE	BURY		WIC	OMICO		
	EC	10a. STATE 10b. COUNTY			TOWN OR LOCATI	ON			10d. INSIDE CITY		
	DIRECTOR	Maryland Wicon	mico	Sal	isbury				1X YES 2 NO		
	FUNERAL	100. STREET AND NUMBER 4 14 Dover Street			10f.	21801		USA	OF WHAT COUNTRY?		
	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED			HC ORIGIN? (Specify Ye	8 or No- 14.	RACE — American Indian,		
	BY	1 Never Married 2 Married 3 Nidowed 4 Divorced	IF YES, GIVE WAR OR D	2 NO DATES	1 Tyes, spe	2 NO Specify	n, Puerto Rican, etc.) :	wl	Black, White, etc. Specify:		
	品	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S US	BUAL OCCUPATION	V of supplifier	166. KIND OF BU				
	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use i	etired.)	or working					
-		12		housewif	e		none				
at once	COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
F	BE	Edmund F. Custer					unk) M				
	2	19a. INFORMANT'S NAME (Type/Print)		1			Toute Number, City or Tow		de)		
9	-	William R. Krone		4 14 D	over St	., Salis	sbury, Md.	21801			
must be nouned		20a. METHOD OF DISPOSITION  1	val from State 201	b. PLACE AND DATE OF		ne of	DATE 20c. LC	CATION — City	or Town, State		
Ē				Salisbury	Cremato		12/5 Sa	lisbury	, Md.		
examiner		21. SIGNATURE OF PUNERAL MENVICE LICE	HSEE / /			ADDRESS OF FA					
		· W/C/de	llen	1	501 Sr	vay rune	ral Home	churv	Md. 21801		
medical		23. PART I. Enter the diseases, Dr co	mplications that hause	d the death. Do not	enter the mod	e of dying, suci	as cardiac or resp	iratory arrest	Approximate		
	J	23. PART I. Enter the diseases, or complications that deused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final									
	- 4	disease or condition a. Duk A / UV A  Due to (or as a/co/sequence of):									
event,	i										
	z	HID Frittere PAYS									
nanwanc	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					0		
	3	cause. Enter UNDERLYING CAUSE (Disease or Injury									
or other	티크	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
5	ER	d.									
5 1		PART II. Other aignificant conditions	contributing to death i	out not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPS*	24b. WERE AUTOPSY FINDINGS		
	<u>ა</u>						PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE		
2	요						1 YES 2	₩ NO	OF DEATH?		
73 snows any Inju	2		7				-		1 NES 2 NO		
27	₹	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Chi	ick only one)				
OF ITOM	PHYSICIAN: MEDICAL		HOSPITAL:		THER:	- /					
	¥∥	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME (			6 Other (Specify)	NAURY OCCUR	FD		
		1 Netural 5 Pending	(Month, Day, Year)	2 INJUR	Y WOR		F000				
	BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	/ — At home, ferm, stre	et, factory, office		28f. LOCATION (Street	and Number or I	Burel Route Number.		
SI 97 W	ETEL	4 Homicide determined	building, atc. (Spe	cify)	me		City or pyri, State		DOUS DE LAST BURN NO		
PURIANI: IT ITEM	COMPLETED		IAN: To the best of my know : On the basis of examination			eth occured at the	time, date and place, ar		puse(a) and manner as stated.		
		296. SIGNATURE AND TITLE OF CERTIFIER	CAMO	3 Justine		29c. LICENSE NUN	599		GNED (Month, Day, Year)		
	BE		20/1/8/1	MOM	1	32.344		12	13/52		
	임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE					,			
		MEGINNIS FOU	VAS J. 1	no 1110.	NIS 5	T. SM15	BURNO				



	FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DE	PARTMENT TIFICAT	IT OF H	EALTH	AND I	MENTAL			92	38	189
	1. OECEDENT'S NAME (First, Middle, Last)		/irginia	Mae	KEM		n	2. DATE O MONTH Decei		DAY 21.19	YEAR	3. TIME OF 0	
	4. SOCIAL SECURITY NUMBER 214-20-7154	1 🗆 M 2 😾 F	AGE (In yrs. lest birt	MONTH		IF UNDER	MIN.	7. DATE O (Month, Oct.		1910	Count	yland	or Foreign
DIRECTOR	9e. FACILITY NAME (If not institution, give str  Frederick Heal  RESIDENCE OF DECEDENT  10e. STATE  10e. COUNTY					deri		PEATN 9c. COUNTY OF OEATN Frederick					
AL DIRE	10a. STATE 10b. COUNTY FOR THE TOTAL	lerick	10	CODE	ric			-		10g, CIT	IZEN OF	10d. INSIDE CLIMITS?	□ NO
FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married	ER IN U.S. ARMED YES 2 NO OR DATES	2 X NO If yes, specify Cuban, Mexica					(Specify Ye		U.S.	A. E — American		
ETED BY	3 Widowed 4 Divorced  15. DECEOENT'S EDUC. (Specify only highest grade of	ATION completed)	16a, DECEDI	ENT'S USUAL ind of work don NOT use retired.	1  YES	/²		-	(IND OF BU	JSINESS/IN	DUSTRY	Whi	te
COMPLETED	Elementary/Secondary (0-12)  1 O  17. FATNER'S NAME (First, Middle, Lest)	College (1-4 or 5+)		Homema				ME (First, Mic		Home			
BE	19a. INFORMANT'S NAME (Type/Print)	Frank C. K	1	NLING ADDRE	SS (Street an		Al:	ice V	. Sha	aff	o Codel		
5	Miss Jane A. Kemp  20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remove	val from State	305	Birmi	nghan	n Cou	ırt,	Fred	erick	, Md	. 21	Otata	
	4 ☐ Donation 6 ☐ Other (Specify)	A A	Loudon 1	22	. NAME AN	D AODRES	S OF FA	24-92 outv ord P ch St					nd 1.701
	23. PART I. Entar the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	int only one cause of	used the death.	Do not anta	tha mod	da of dyl	ng, suci	h ss cardla	c or resp	elratory ar	rest,	Approx	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST		AS A CONSEQUEN										
	PART II. Other significant conditions	contributing to deal	th but not result	ting in the u	nderlying	cause g	Ivan In	Part I. 2	4a. WAS AN	AUTOPSY	24b.	. WERE AUTOPS	Y FINDINGS
PHYSICIAN: MEDICAL								_   '	PERFO			AVAILABLE PRI COMPLETION ( OF DEATH?	OF CAUSE
SICIAN		HOSPITAL:	Out-ut-u 1	OTHE	R:			ock only one)					
ву рну	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	IANNER OF DEATN  28s. OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  28c. INJURY AT WORK?						8 Other (S		INJURY OC	CURED		
	3 Suicide 6 Could not be determined	26e. PLACE OF INJ building, etc. (	URY — At home, for Specify)	erm, street, fa	ctory, office			28f. LOCAT City or	ION (Street Town, State)	and Number	or Rural F	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICI	AN: To the beat of my k	nowledge, death or ation and/or invest	ccurred at the	time, date a	and place,	and dua	to the cause	(a) and maind place, ar	nner as stat	led. ne cause(a	) and manner a	a stated.
TO BE C	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day,									(Month, Day, Ye	er) 72		

COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

h. Jr. M.D. 300 We 32. REGISTRAR'S SIGNATURE Julia Day Uson-Randage

Smith,

300 West Ninth Street, Frederick,

9011.26

you I would

and the second

92

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

1 X YES 2 NO

PM

12:58

8. BIRTHPLACE (State or Foreign Country)

Washington, D.C.

14. RACE — American Indian, Black, White, etc.

20743

20019

interval Between

Onset and Death

Approximate

24b. WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE

Afro American

PRINCE GEORGE'S

10g. CITIZEN OF WHAT COUNTRY?

Specify:

United States

REG. NO

2. DATE OF DEATH

DECEMBER 28

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

CHARLES

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9	after
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co,	within
100	executed
5	2
	certificate
2	death
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2	requires
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	SICIAN:
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DIVISION OF ALL ALCOADS, F.O. DOA 00700	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a
5	OR
-	求

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 1 2 M 2 | F DAYS HOURS YRS. 578-12-9556 Sept 30, 1917 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR PRINCE GEORGE'S HOSPITAL CHEVERLY 10a. STATE 10b. COUNTY 19c. CITY, TOWN OR LOCATION Maryland Prince Georges Seat Pleasant use as the burial-transit permit. 100. STREET AND NUMBER FUNERAL 10f. ZIP CODE 7234 G Street 20743 Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burlal-trar 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? Y YES 2 NO 11. MARITAL STATUS Il yes, specify Cuben, Mexican, P.

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION packly only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) 12th Retired Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Henry King ¥ Mary Ellen Stevenson 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles Alonzo King 7234 G Street, Seat Pleasant, Maryland 9 20a. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, 4 Donation 5 Other (Specify) Cheltenham Veteran Cemetery 1/5/93 Cheltenham, Maryland 21. SIGNATURE OF FUNERAL BERVICE LICENSES medicai examiner 22. NAME AND ADDRESS OF FACILITY death. Stewart Funeral Home in by the 4001 Benning Road, N.E., Washington, D.C. LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 0 Filled IMMEDIATE CAUSE (Final completely filled the disease or condition ocasdia event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) an and corr discaso ronani or other traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) the attending physician Mental Hygiene prior to rabete cause. Enter UNDERLYING CAUSE (Disease or injury TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST Injury, PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? and a resal shows any Signed Health 1 YES 2 NO. to has be Dept. PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate EXAMINER? HOSPITAL OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) tient 2 - ER/Outpetient 3 - DOA 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 28 is marked, 1 Netural 5 Pending 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, lactory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED DIRECTOR: hours after 4 Homicide TO THE PUNERAL OR ATT TO THE FUNERAL DIRECT THE End with 72 hours at IMPORTANT. If Item 21 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE K.I -JAIN 1). 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin Keustwath Av. ·VAIN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall

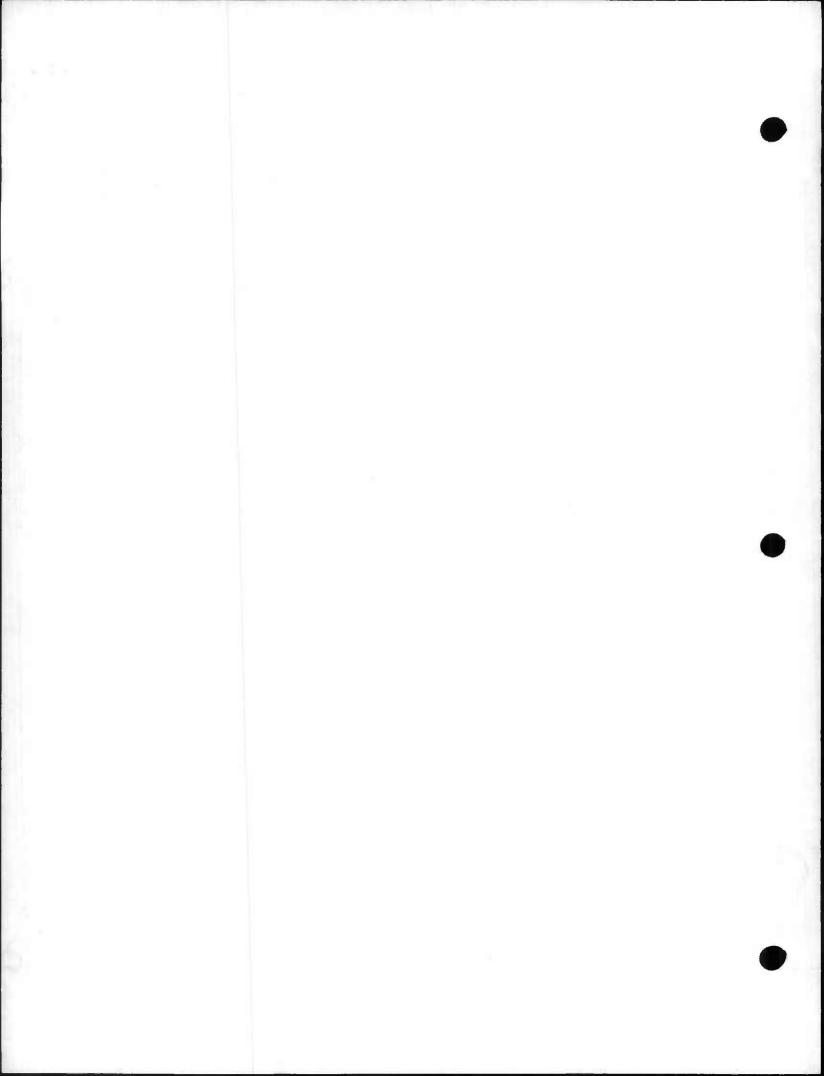
KING

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

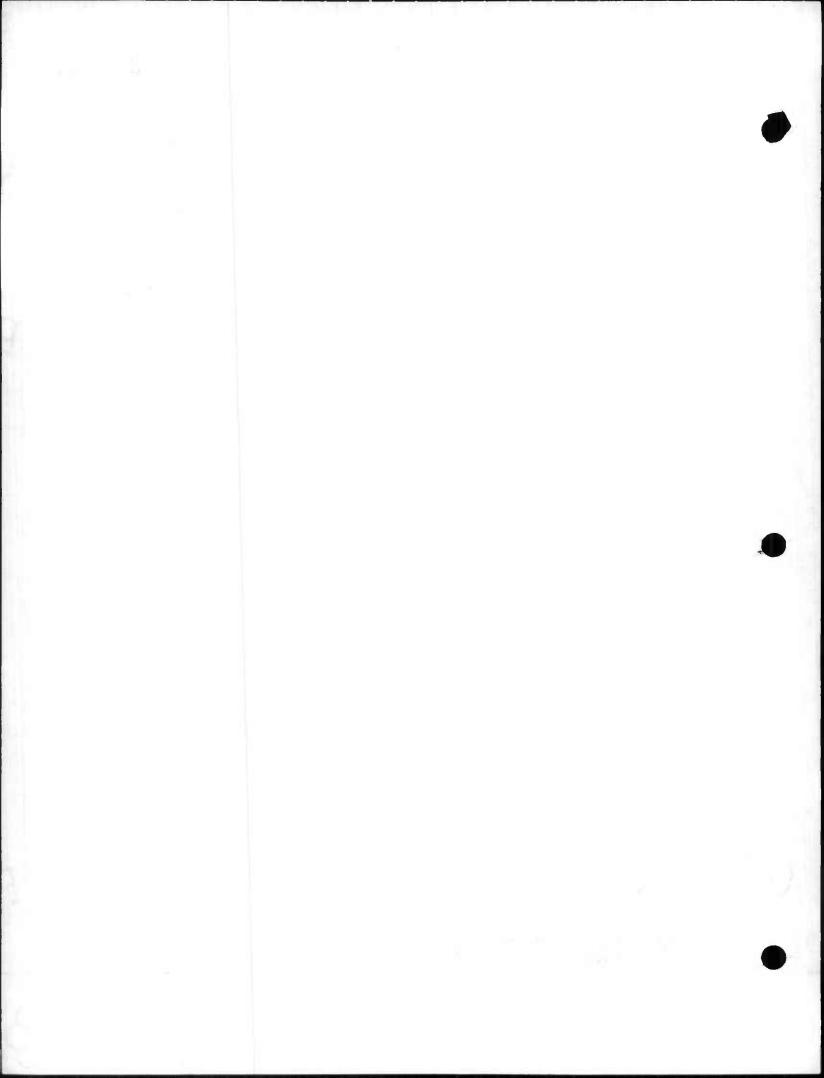
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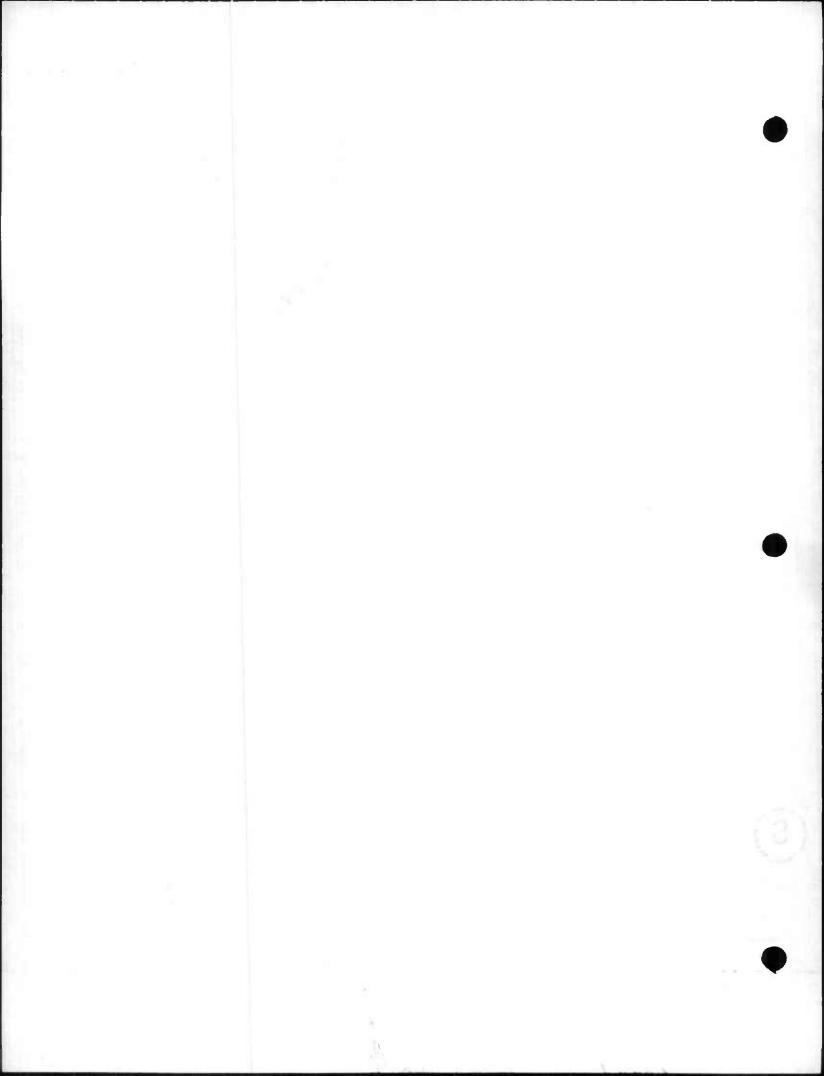


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	FOR 1 - STATE REGISTRAR	STATE OF MARY		IENT OF HEALTH AI					
	t. DECEDENT'S NAME (First, Middle, La	,		<del></del>	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH		
	-Theodore Na	apoleon La	ncaster		Dec 28		11:55AM		
ш	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24	ms. 7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreig Country)		
- 8	577-22-5707	1, M 2 F	7 U YRS.	102 100 100 100 100 100 100 100 100 100	10-2- 2		shingtonD		
e	9e. FACILITY NAME (If not institution, give Veterans Affa:		Center F	erry Point	OF DEATH	Cec			
ECTOR	RESIDENCE OF DECEDENT		Oen der 1	erry rorn		000			
띭	HESIDENCE OF DECEDENT  10s. STATE 10s. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT								
PIB	MD Pri	nce Georges	Fores	tville			HE YES 2 NO		
₹	100. STREET AND NUMBER	D		101. ZIP CODE 20747		10g. CITIZEI	JSA		
NER	1305 Woodlark						JOA		
FUN	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 ☐ YES	3 2 NO		ISPANIC ORIGIN? (Specify lexican, Puerto Rican, etc.)	fee or No- 14	RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	1944-1946	DATES	1 🗆 YES 2 # NO	Specify:	1	specifyBlack		
0	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S US	JAL OCCUPATION	16b. KIND OF E	USINESS/INDUS	TRY		
Щ	(Specify only highest gr Elementary/Secondary (8-12)	College (1-4 or 5+)		done during most of working tired.)					
MPI		1 +	Custodi	an					
COMPI	17. FATHER'S NAME (First, Middle, Last) Herbert Edward	ard Lancast	er	18. MOTHER Rehe	'S NAME (First, Middle, Meidle CCa Will	n Sumame)			
BE		ard Dancast							
0	196. INFORMANT'S NAME (Type/Print) Norma Bullock		1305 W	odlark Dr	Forestvi	TILE . I	id 20747		
	METHOD OF DISPOSITION	I a							
	Till Burtal & Cremation 3 A	emoval from State* C6	b. PLACE AND DATE OF D			lingto			
	21. SIGNATURE OF FUNERAL SERVICE		TITIE	22. NAME AND ADDRESS	OF FACILITY		on, va		
	· WALL	X /\		Bianchi F					
	23. PART I. Enter the diseases,	V	44 4 4 5	3718 22nd	St NE; Wa	sh, DC	20018 = 300 Approximate		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	5			Onset and I		
E		d							
AL	PART II. Other significant condit	tiona contributing to death	but not resulting in t	ha undarlying cause give	en in Part i. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO		
EDIC					1 TES	2 NO	COMPLETION OF CAL OF DEATH?		
Σ							1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE OF DEAT					
20	EXAMINER?	HOSPITAL:		THER:					
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O		28d. DESCRIBE HOV	INJURY OCCUP	RED		
0.00	1 Natural 5 Pending	(Month, Day, Year)	THUR	WORK?  1 YES 2 N					
D BY	2 Accident investigation 3 Suicide 6 Could not	28e. PLACE OF INJUR	IY — At home, farm, stree	t, factory, office	281, LOCATION (Street	and Number or	Rural Route Number,		
ETED	4 Homicide determined				City or Town, Sta				
	29a. CERTIFIER (Check only 1 CERTIFYING PH	YSICIAN: To the best of my kno	wledge, death occurred a	t the time, date and place, an	d due to the cause(e) end n	nanner as stated.			
COMPL		INER: On the basis of examinati					ause(e) and manner as stat		
	296. SIGNATURE AND TITLE OF CERTI			20c. LICENS			IGNED (Month, Day, Yhar)		
98 C	In well	col		102	1279-	1 /2	128/92		
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	10)					
		lore, MD.,		RRY POINT,	MD. 2190	02			
	31. DATE FILED (Month, Day, Year)	A STREET, TRAIT'S SIG							
- 1	DEC 3 1 1993	a.							

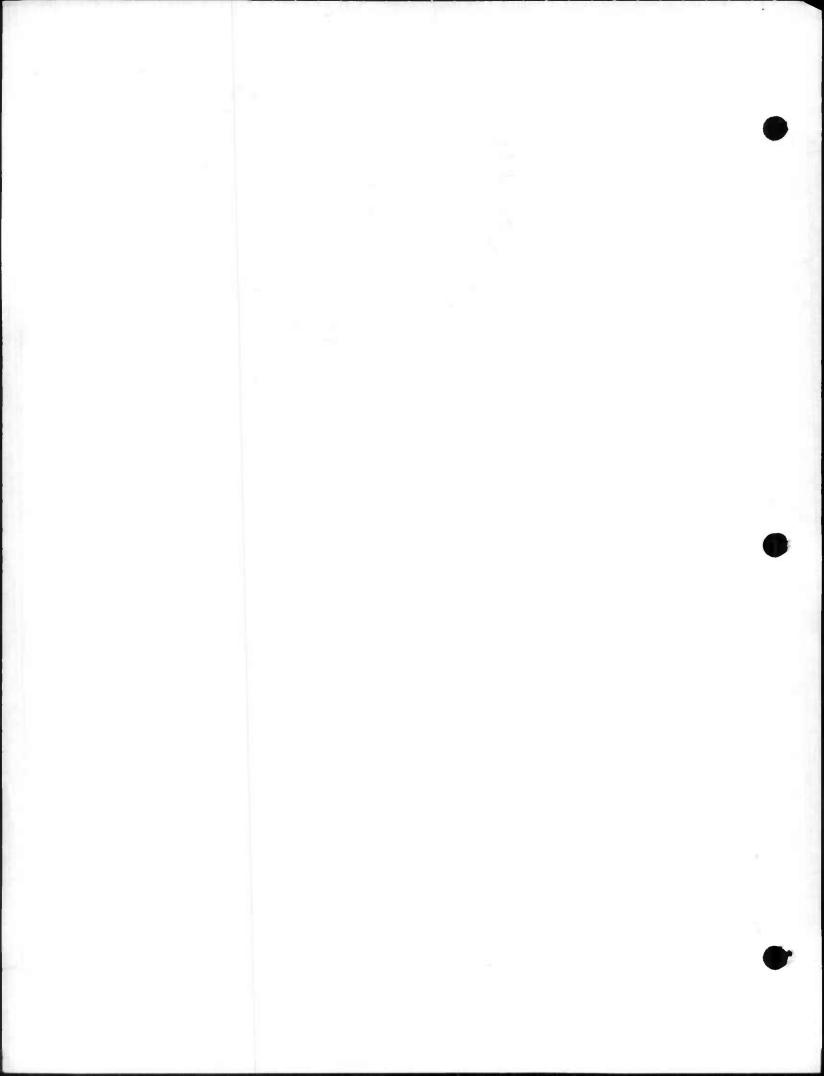


	500									
	1 - FOR STATE REGISTRAR	STATE OF MARY		RIMENT OF HE		ENTAL HYGIEN REG. NO.	E			
75	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH		
	Gerald Thomas Lawson						1992	3:17P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign puntry)		
43	278 28 5885	1 ∑MM 2 □ F	58 YRS.	MONTHS DAYS	HOURS MIN.	July 27 19		nio		
4	Sa. FACILITY NAME (If not institution, give :	street end number)		9b. CITY, TOWN OF	LOCATION OF DEA	тн	9c. COUNTY O	F DEATH		
OH	Doctors' Communi	ty Hospital	Lanhar	1		Prince	George's			
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Y	10c CI	Y, TOWN OR LOCATION	W		10d. INSIDE CITY			
DIRECTOR		e George's	17.1		***			LIMITS?		
	100. STREET AND NUMBER	e deolge s	Bow		IP CODE		10a CITIZEN C	1 YES 2 NO		
FUNERAL	12623 Safety Tur	·n		1	0715					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER				ORIGIN? (Specify Yes		ed States ACE - American Indian,		
	1 Never Married 2 Married	FORCES? 1 TYPES	S 2 NO	If yes, spec	Ify Cuban, Mexican,	Puerto Rican, etc.)		Hack, White, etc.		
ВУ	3 Widowed 4 Divorced					No		White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION work done during most se retired.)	of working	16b. KIND OF BUS	NESS/INDUSTR	Y		
F	Elementary/Secondary (0-12)	College (1-4 or 5+)	1			17.00				
ME	12 17. FATHER'S NAME (First, Middle, Last)		Advoca	ate for S			overnme	ent		
	Grover Lawson					E (First, Middle, Maiden	Surname)			
B	19a. INFORMANT'S NAME (Type/Print)	_	10h MAII ING	ADDRESS (Street on		Kelly ute Number, City or Town	Chata Tia Carlo			
임	Sharon L. Jackman	n								
	20a. METHOD OF DISPOSITION	20		OF DISPOSITION (Nam		Wie Maryl	and 707			
	120 Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		Resurrec	tion Come	tery 12/	/22/92 Clinton Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND	ADDRESS OF FACE	LITY				
	► Kolunt E	CIRIMA	10			uneral Ho				
	23. PART I. Enter the diseases, or	complications that caus	ed the death. Do	not entar the mod	Annapol	is Rd. Boy	wie Mar	vland 20715		
	shock, or haart fallure. IMMEDIATE CAUSE (Final	List only one cause on	each iina.		5,61			interval Between Onset and Death		
	disease or condition									
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions. I b. Ventricular tachy cordin / fin lation									
일	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F): (/		,				
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. ald	myoca	rdia (	infarc	Mon				
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  CAUSE (Disease or Injury that initiated events									
E	resulting in death) LAST		resulting in death) LAST chronic obstructive lyng disloze							
CERTIFICATION	resulting in death) LAST	d. Chr		obstrue	Ave l	/_	1120			
101		d. Chr		obstrue	Ave l	/_	AUTOPSY	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
	resulting in death) LAST	d. Chr		obstrue	Ave l	BITLY. 24s. WAS AN	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL (	resulting in death) LAST	d. Chr		obstrue	Ave l	arty. 24a. WAS AN PERFOR	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL (	PART II. Other aignificant condition	d. Chr		bs Errec	Hur L	ertY. 24a, WAS AN PERFOR	AUTOPSY MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL (	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. Chr	but not reaulting	in the underlying  26. PLA  OTHER:	Cause given in P	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL (	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL	d	but not resulting	in the underlying  26. PLA  OTHER: 4 □ Nursing Home	Cause given in P	24a. WAS AN PERFORM 1 YES 2  k only one)  Other (Specify)	AUTOPSY MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDICAL	PART ii. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	d. Chr	but not resulting	in the underlying  26. PLA  OTHER: 4   Nursing Home BE OF   28c. INJU	Cause given in P	24a. WAS AN PERFORM 1 YES 2	AUTOPSY MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending Investigation	HOSPITAL: 1   Inpatient 2   ER/Ou  28s. DATE OF INJURY (Month, Day, Veer)	put not resulting	28. PLA OTHER: 4   Nursing Home SURY SURY 1   YE OTHER: 1   1   YE	CE OF DEATH (Chec	24a. WAS AN PERFOR  1 YES 2  k only one)  Other (Specify)  28d. DESCRIBE HOW III	AUTOPSY MED?  NO NO NO NO NO NO NO NO NO NO NO NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	d	put not resulting	28. PLA OTHER: 4   Nursing Home SURY SURY 1   YE OTHER: 1   1   YE	CE OF DEATH (Chec	24a. WAS AN PERFOR  1 YES 2  k only one)  Other (Specify)  28d. DESCRIBE HOW II	AUTOPSY MED?  NO NO NO NO NO NO NO NO NO NO NO NO NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
BY PHYSICIAN: MEDICAL	PART ii. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/Ou  28s. DATE OF INJURY (Month, Dey, Vear)  28s. PLACE OF INJURY building, etc. (Sp	tripatient 3 DOA 28b. Tile IN.	26. PLA  OTHER: 4   Nursing Home BE OF 26.C INJU YURY M 1   YE street, factory, office	Cause given in P.  CE OF DEATH (Chec.  5   Residence a  TY AT  S 2   NO	24a. WAS AN PERFOR  1 YES 2    Other (Specify)   AUTOPSY MED?  NO  NURY OCCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
BY PHYSICIAN: MEDICAL	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   ER/Ou  28s. DATE OF INJURY (Month, Day, Veer)	the patient 3 DOA 28b. Till IN. 27 — At home, farm, ecify)	in the underlying  26. PLA  OTHER: 4   Nurning Home BE OF WOR M 1   YE  street, factory, office	Cause given in P.  CE OF DEATH (Chec.  5   Residence a  TY AT  S 2   NO	24a. WAS AN PERFOR  1 YES 2    Other (Specify)   AUTOPSY MED?  NO  NJURY OCCURED and Number or Ru mer as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  rai Route Number.			
COMPLETED BY PHYSICIAN: MEDICAL (	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	d	the patient 3 DOA 28b. Till IN. 27 — At home, farm, ecify)	in the underlying  26. PLA  OTHER: 4   Nursing Home  AE OF  JURY MOR 1   YE  street, factory, office	Cause given in P.  CE OF DEATH (Chec.  5   Residence a  TY AT  S 2   NO	24a. WAS AN PERFOR 1 YES 2  Whonly one) Other (Specify)  28d. DESCRIBE HOW III  281. LOCATION (Street e City or Town, Stete) of the cause(s) and manume, date end place, en	AUTOPSY MED?  NO NJURY OCCUREE and Number or Ru	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  rai Route Number.		
BE COMPLETED BY PHYSICIAN: MEDICAL (	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINI	d	the patient 3 DOA 28b. Till IN. 27 — At home, farm, ecify)	in the underlying  26. PLA  OTHER: 4   Nursing Home  AE OF  JURY MOR 1   YE  street, factory, office	CE OF DEATH (Chec  S Residence a  TY AT  CT  S 2 NO	24a. WAS AN PERFOR 1 YES 2  Whonly one) Other (Specify)  28d. DESCRIBE HOW III  281. LOCATION (Street e City or Town, Stete) of the cause(s) and manume, date end place, en	AUTOPSY MED?  NO NJURY OCCUREE and Number or Ru	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  rai Route Number,		
E COMPLETED BY PHYSICIAN: MEDICAL (	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINI	d	put not resulting  repetient 3 DOA  28b. Till IN  TY — At home, farm, eacity)  wiedge, death occurr  ton end/or investigate	in the underlying  26. PLA  OTHER: 4   Nursing Home  AE OF  JURY MOR 1   YE  street, factory, office	CE OF DEATH (Chec  S Residence a  TY AT  CT  S 2 NO	24a. WAS AN PERFOR 1 YES 2  Whonly one) Other (Specify)  28d. DESCRIBE HOW III  281. LOCATION (Street e City or Town, Stete) of the cause(s) and manume, date end place, en	AUTOPSY MED?  NO NJURY OCCUREE and Number or Ru	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  rai Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL (	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   ER/Ou  28s. DATE OF INJUR (Month, Day, Year)  28s. PLACE OF INJUR building, etc. (Sp	intertent 3 DOA 28b. Till IN 27 At home, farm, ecify) DEATH (ITEM 27) (Type and an analysis of the analysis of	26. PLA  OTHER: 4   Nursing Home MOR JURY WOR 1   YE  street, factory, office  on, in my opinion, dei	Cause given in P.  CE OF DEATH (Chec.  S Residence a TY AT C. NO.  The place, and due to the course at the the terms of the course of the terms of the course of the course of the course of the terms of the course of the course of the terms of the course	24a. WAS AN PERFOR 1 YES 2  Whonly one) Other (Specify)  28d. DESCRIBE HOW III  281. LOCATION (Street e City or Town, Stete) of the cause(s) and manume, date end place, en	AUTOPSY MED?  NO NJURY OCCUREE and Number or Ru	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  rai Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL (	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation   1   Centrifier (Check only one)   2   MEDICAL EXAMINER  29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER   1   CENTIFIER (Check only one)   2   MEDICAL EXAMINER  30. NAME AND ADDRESS OF PERSON WITH	HOSPITAL:  1 Inpetient 2 ER/Ou  28s. DATE OF INJUR 28s. DATE OF INJUR 28s. PLACE OF INJUR building, etc. (Sp  BICIAN: To the best of my kno ER: On the basic of examinate  R  32. REGISTRAP,'S SIG	intertent 3 DOA 28b. Till IN 27 At home, farm, ecify) DEATH (ITEM 27) (Type and an analysis of the analysis of	26. PLA  OTHER: 4   Nursing Home MOR 1   YE  street, factory, office  on, in my opinion, dei	Cause given in P.  CE OF DEATH (Chec.  S Residence a TY AT C. NO.  The place, and due to the course at the the terms of the course of the terms of the course of the course of the course of the terms of the course of the course of the terms of the course	24a. WAS AN PERFOR 1 YES 2  Whonly one) Other (Specify)  28d. DESCRIBE HOW III  281. LOCATION (Street e City or Town, Stete) of the cause(s) and manume, date end place, en	AUTOPSY MED?  NO NJURY OCCUREE and Number or Ru	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  rai Route Number,		



INTISION OF VITAL RECORDS, P.O. BOX 68760,  IN THE MISSIAN OF ANY PROBLEM. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host of the host of the man of the man and the man of the man o	BALTIMORE, MARYLANI	24 hours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detach	on, or removal.	he medical examiner must be notified at once.
/ /7	CONTISION OF VITAL RECORDS, P.O. BOX 68760,	ID THE MISSIAN, OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FURTHER CHEETOR: After this certificate has been signed by the attending physician and completely	If fied within 72, bolist and death with the State Dept. of Health and Mental Hyglene prior to burial, crematil	MINDORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it

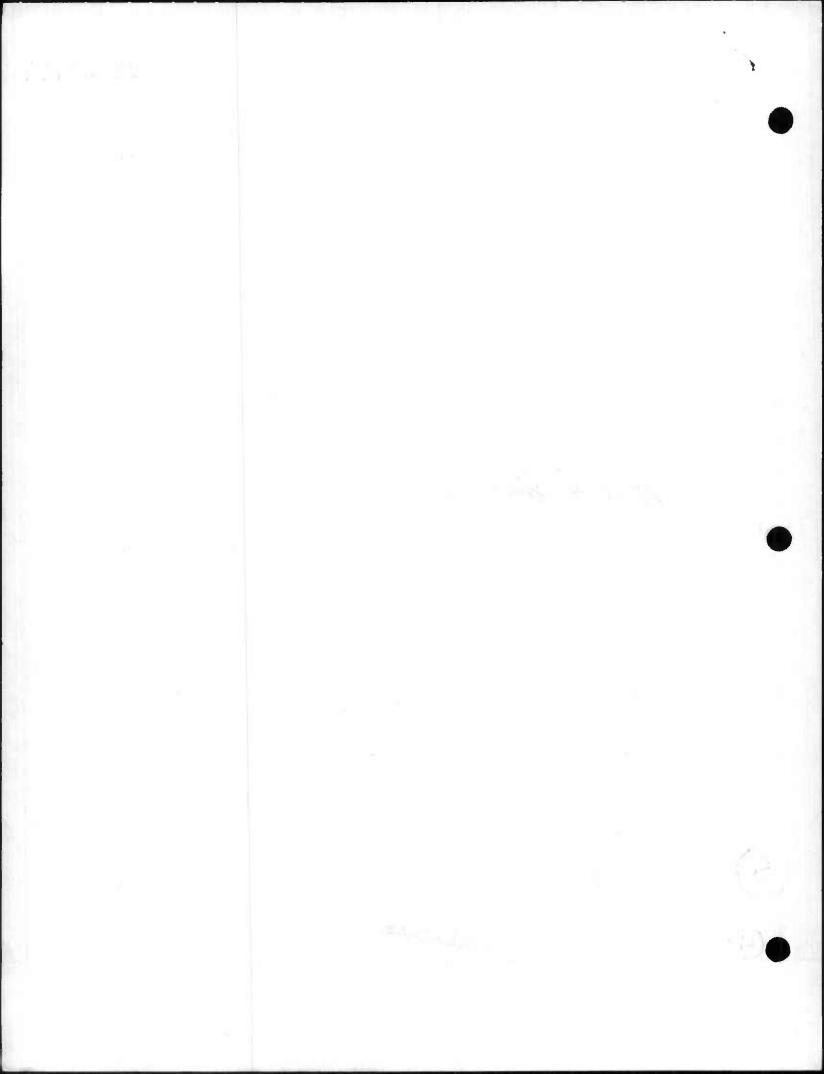
	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR ERTIF						HYGIEN REG. NO			
10	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF		we)		3. TIME OF DEATH
	ROBERT	LOG	AN	I	LEACH JR.			12 31 199			92	6:24 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last bir			IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	577 38 9009	1 € M 2 □ F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	July	1 () 1	922	Country	ington D.C.
1 8	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CIT	Y. TOWN (	OR LOCATI	ON OF D		10 1		NTY OF DE	
Œ		LE LANHA											
18	6835 NASHVILL					MAI	141				PF	TIVE	E GEORGES
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN	OR LOCA	TION						10d, INSIDE CITY
<u>a</u>	Maryland Prine	Maryland Prince Georges				n							LIMITS? 1 YES 2/3 NO
AL.	10e. STREET AND NUMBER					10	. ZIP COD	E	10g. CITIZEN OF W			THAT COUNTRY?	
FUNERAL	6835 Nashville 1	Rd.					2070	)6			III	nited	States
3	11, MARITAL STATUS	12. WAS DECEDEN			13.		ENDENT C	OF HISPA	NIC ORIGIN? (S		_	14 BACE	- American Indian
	1 Never Married 2XX Married	FORCES? 1	AR OR DATES	NO			ectly Cuba		an, Puerto Rica	n, etc.)		Black. Specif	, White, atc.
BY	3 Widowed 4 Divorced								No			-	White
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		ECEDENT'S Give kind of				30	16b, KJ	ND OF BU	SINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	- 46	e. Do NOT u	se retired.)								
₽ P	12			Owne <sub>1</sub>	:				Con	cret	e Cor	ıstru	ction Co.
COMPLET	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	AME (First, Mide	lle, Malden	Sumame)		
BE	Robert L. Leach	Sr.					Ju	ılia	A. Ru	ssel.	1		
10	19a. INFORMANT'S NAME (Type/Print)		11	Pb. MAILING	ADDRES	S (Street a	and Number	or Aural	Route Number,	City or Tow	n, State, Zij	Code)	
-	Diane L. Flanigar	1		134 I	)uva]	l Lai	ne Ed	lgew	ater,	Md.	21037	7	
	20a. METHOD OF DISPOSITION  15/25/Burlal 2 Cremation 3 Rem	ovel from State	20b. PLACE cemetery, cr	ometon, or c	thar alaca	1			DATE			City or Tov	
	4 🗀 Donation 5 🗆 Other (Specify)		Lakem	ont N	lemo 1	rial	Gard	lens	1/5/9	Da	vidso	nvil	le Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		)			ND ADDRE			1 11			
	* Korbert E.	C.1111	m. H	200					Funera				0715
	23. PART I. Enter the diseases, pr	complications the	t caused the d	eath. Do	of ante	the mo	J Ann	lapo	lis Rd	BO	wie r	1d . Z	Approximata
	shock, Dr heart failure. List only one cause on each line.										Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Intra- Oral Gunshot Wound												
	resulting in death)  a. — 177a - Wall Gundhot Wound  DUE TO (OR AS A CONSEQUENCE OF):												
	_												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO	(OR AS A CONSE	OUENCE O	F):								<del>-</del>
CAT	cause. Enter UNDERLYING												
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
E	resulting in death) LAST	d											
	PART II. Other algorificant condition	a contribution to	diet bus - ik	- tal -			_	-16/3 P	I				
CAL	PART II. Other alignificant condition	is contributing to	death out not	resulting	in the u	ngeriyin	g cause ç	given in	17.00	PERFOR		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	-								1	YES 2	ON 🗍		COMPLETION OF CAUSE OF DEATH?
MED									_				1   YES 2   NO
ż					_							_	
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			-		ACE OF D	EATH (C	neck only one)				
PHYSICIAN:	1 TX XES 2 □ NO	1 Inpatient 2	ER/Outpatient	DOA	OTHE		e XX Re	sidence	6 - Other (S	pecify)			
표	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF IURY	28c. INJ WO	URY AT		SELF	BE HOW I	H-JURY OC	CURED	GUNSHOT
BY	1 Natural 5 Pending 2 Accident Investigation	12/31	/1992	6:1		1 🗆 '	_	Mo	WOUN		LUIC	TED	GONDITOT
	3 Suicide 8 Could not be	28e. PLACE C building,	F INJURY — A1 h	ome, farm,	street, fac	tory, offic	•		26f. LOCATIO	ON (Street a			
H	4 Homicide determined			T HO	ME					5 N		RYLE	ND
12	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, d	eath occurr	ed at the	time, date	and place,	and due					
COMPLETED	one) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R a a					29c. LICE	NSE NU	MRFR	_	294 DAT	E SIGNED	(Month, Day, Year)
8	Vennie	11 (1)	wite .					C.M					1/1993
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH TITE	M 27) (Type	Print)		0.	C . 14	· · ·		, 0	7. / 0.7	1/1333
1	The second secon	U				roo	+ D	a1+	imovo	1./	27077	224	21201
	31. DATE FILED (Month, Day, Year)		A'S SIGNATURE			TEE	L, D	all	imore	, 141	атул	anu	21201
1 1	JAN 0 5 199		a Davidson	D	00-								
1 3	SEL O ALIMO	10	on inventional con	Mario									



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THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be not after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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0	32	읖

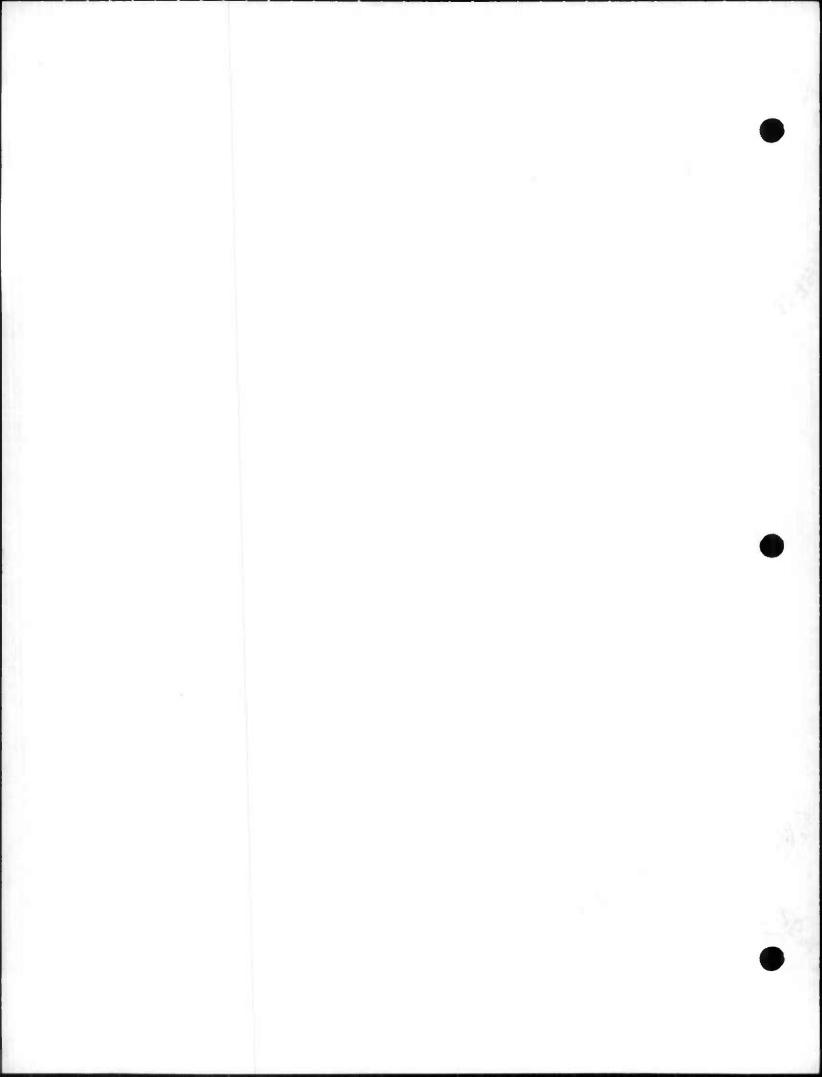
	1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN		2 00134
	1. DECEDENT'S NAME (First, Middle, Last)				<u> </u>	2. DATE OF DEATN		3. TIME OF DEATN
	Charlotte Virgi	inia Maz	ur				1992 YEA	5:15 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In y	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
1	134-05-8394  9a. FACILITY NAME (If not institution, give stre-	1 □ M 2 🔀 F 93	YRS.	MONTHS DAYS	HOURS MIN.			ew York
æ					R LOCATION OF DE	EATN	9c. COUNTY O	1.14
DIRECTOR	St. Mary's Nursing	Leonard	itown		St.	Mary's		
E E	10a. STATE 10b. COUNTY	9e. STATE 10b. COUNTY 10c. CITY, 1						10d. INSIDE CITY LIMITS?
		Mary's		Leonardt	cown			1 TES 2 X NO
₹ AL	10e. STREET AND NUMBER			101.	ZIP CODE			F WHAT COUNTRY?
FUNERAL	P.O. Box 223 Key V				20650			.S.A.
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED	13. WAS DEC	ENDENT OF NISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. R	ACE — American Indian, lack, White, etc.
B	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	S	1 TES 2 NO Specify:			s	White
	15. DECEDENT'S EDUCA'	TION 16	e. DECEDENT'S U	I ISUAL OCCUPATIO	N .	16b. KIND OF BU	RINESS/INDUSTR	
<b>E</b>	(Specify only highest grade co	college (1-4 or 5+)	(Give kind of wo	ork done during mos retired.)	st of working			
AP.	12th Grade		Weld	er		Airc	raft Pl	ant
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)	
BE (	Francis Rydzy	ynski			Frances	s Pi	orkowsk	a
0	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code,	
-	Dolores F. Bonsall	L	P.O. B	ox 223	Leonard	town, Mary	land 20	650
	20a. METHOD OF DISPOSITION 1   M Burlel 2 □ Cremation 3 □ Remove	al from State 20b. PL	ACE AND DATE OF	F DISPOSITION (Namer place)	me of	OATE 20c. LO	CATION — City o	r Town, State
	4 Donation 5 Other (Specify)	St.	Stanis	laus Cer	metery 1	/2/93 Buf	falo, N	ew York
	21. SIGNATURE OF FUNERAL SERVICE LICES	11	)	Matt:	nalev-G	ardiner Fu	neral H	ome. P.A.
ш	Mond the	Unmone	<i>(</i>	P.O.	Box 270	Leonardto	wn, Mar	yland 20650
	23. PART i. Enter the diseases, or cor shock, or heart failure. Lis	mplications that caused th	e daath. Do no	ot enter the mod	de of dying, auc	h as cardiec or respi	ratory arreat,	Approximata
	IMMEDIATE CAUSE (Final disease or condition	1	0		D.		. 0	Interval Between Onset and Death
	resulting in death)	HSpira	710	71	ne	umono	a, 01	4/-
		DUE TO (OR AS A CO	NSEOUENCE OF)	: /				
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CO	NSEQUENCE OF	:				
¥.	If any, leading to immediata cause. Enter UNDERLYING		,					1 1
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	NSEOUENCE OF)	:				
F	resulting in death) LAST							
LC	PART II. Other significant conditions	contributing to death but	of regulting in	the underlying	Cause civen in	Part I. 24e, WAS AN	Aumoney	24b, WERE AUTOPSY FINDINGS
1 5 1	Dance to	Sevene	tot resulting in	the underlying	Cadae Biseti Iti	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Pone whire	/ / 2	- 2	B	1	1 [] YES 2	THO	OF DEATH?
Σ	- Congression	- Jacus	Ja	-ture	- Chr	1310		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chi	ack only one)		
Sic		HOSPITAL:		QTHER:		6 Other (Specify)		
Η	27. MANNER OF DEATN	26s. DATE OF INJURY	26b, TIME	OF 28c. INJU	JRY AT	28d. OEŞCRIBE NOW I	NJURY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? ES 2 NO			
	2 Accident invastigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — I building, etc. (Specify)	A1 home, 1arm, str	reet, factory, office		201. LOCATION (Street a	and Number or Rui	ral Route Number,
	4 Nomicide determined	bollaring, and (opechy)				City or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledg	e, death occurred	at the time, data	and place, and due	to the cause(a) and mer	ner as stated.	
WO		On the basis of examination an						e(a) and manner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIER	100	5		29c. LICENSE NUN			IED (Month, Day, Year)
00	Dat /	Nh 1	2)		1)25	230	<b>&gt;</b> ,	2/37/97
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, F	Print)	0,00			700110
	David Allen, M.D.	Le	onardto	wn, Mary	land 200	650		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE Surface	AE Handa	9			-	
	pro z 1 '97	quia Davido						



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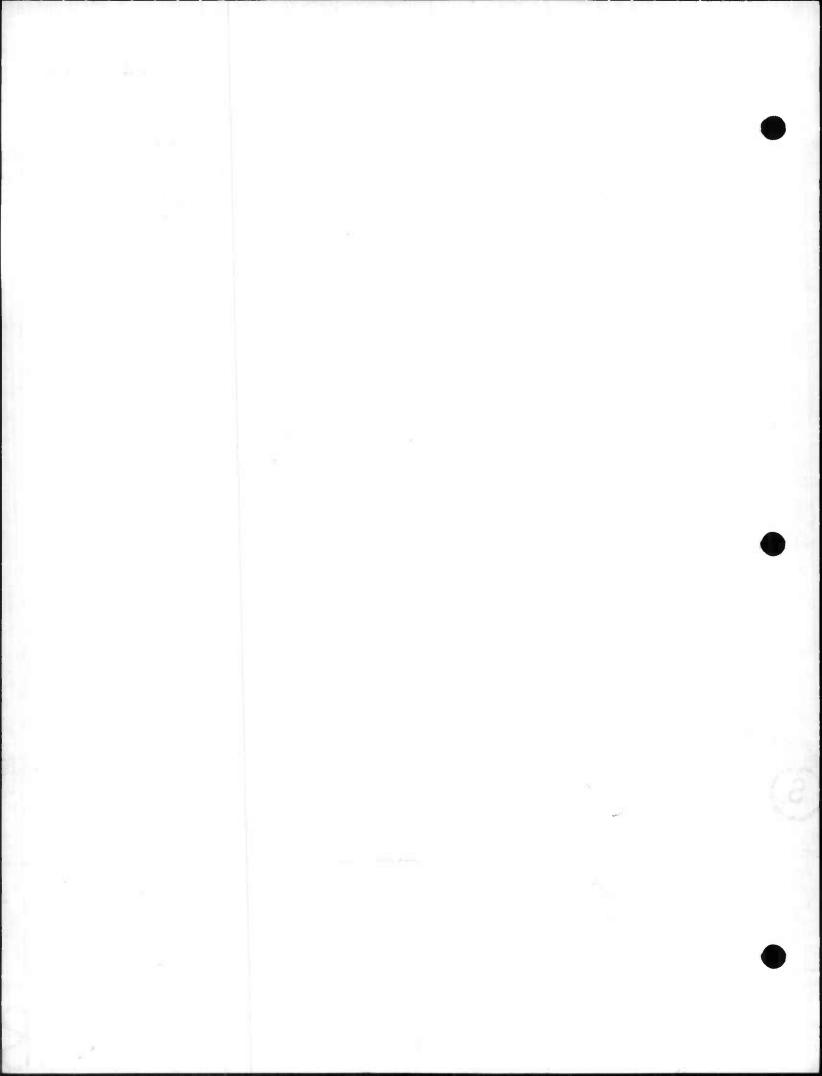
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	ION OF VITAL REC	G PHYSICIAN: The law requires	After this certificate has been sign
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		1 - STATE REGISTRAR		OIAIL OI	MARTIE	CER		ICATE				NENIA	REG. NO.			
	12	1. DECEDENT'S NAME (First,	, Middle, Last)									2. DATE	OF DEATH			3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER										12	. 2	25	92	7 50 A M
					6. AGE			IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS.	(Mont	OF BIRTH		Country)	LACE (State or Foreign
pinous		577-20-9719 Sa. FACILITY NAME (If not in:	nethation give s	1 M 2 XXF		77	YHS.	as CITY	TOWN C	T LOCAT	-24 05 DE	04	15 19	_	Dawn	, Virginia
2, 3 sho	OR	PRINCE GEORGE HOSPITAL CENTER CHEVERLY PRINCE GEORGE														
-	DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	γ			ne CITY	Y TOWN O	PLOCAT	ION		104 INCIDE CITY				IOd. INSIDE CITY
020 physician. burial-transit permit. Pages		Maryland	- 13 - 3 - 3	e George	s	Seabrook										LIMITS?
E ed	₹ I	10e. STREET AND NUMBER		- "			101. ZIP CODE							_		AT COUNTRY?
transit	FUNER	9905 Good Lu	ick Ro			and the second				2070					S.A.	
215-0020 attending physician. se as the burial-tran		11. MARITAL STATUS  1 Never Married 2	The second second	12. WAS DECEOEN FORCES? 1 IF YES, GIVE N	1 YES	2 X NO	3	Н	f yes, spe		nn, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No-		- American Indian, White, etc.
15-0 anding as the	D BY	3 2 Widowed 4 Divo			240									White		
7. 9.7	ETED		CEDENT'S EDUC ly highest grade	completed)	-	18a, DECED (Give k	kind of w	USUAL OC vork done d e retired.)			ng	16b	. KIND OF BUS	SINESS/INC	DUSTRY	
	COMPLE	12	-121	College (1-4 or 5	Registere			lurs	e		Health Care Ind			Indu	stry	
LAND the hospit detached	00	17. FATHER'S NAME (First, MI	10110-111							18. MOT	HER'S NA		Middle, Malden			
MARYL, stained by the should be o	BE	Charles Poll		reeman		T 400 11	- 1						n Poll			
MA retain 5 sho	5	Patricia J.											Seabr			0706
ALTIMORE, seath. Page 8 may be funeral director, page examiner must be		20e METHOD OF DISPOSITI			201	b. PLACE AND	DATEO	OF DISPOSI	TION (Na	me of		DAT	E 20c, LO		City or Town	
MOR ge 6 ma lirector, p		4 Donation 6 Other	r (Specify)		_ G	ort Li	inc c					_	2 Bre	ntwo	od, Ma	aryland
BALTIMO er death. Page 6 the funeral directo val.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A.														
		4739 Baltimore Avenue, Hyattsville, MD														
urs af in by r remo		23. PANT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate interval Between														
24 III 00 III		MMEDIATE CAUSE (Fin	ial		(	2001	1	^	1	. 2						Onset and Death
		resulting in death)	<b>→</b>	a	C (OR AS	A CONSEQUE	TC OF	<u>}</u> :	no		h					
P 2 2 3	Z	Comments the topodisi	•	b		Bola		al	3	lle	me	nis	2			
	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
P P P	5	CAUSE (Disease or In)u that initiated events		C	O (OR AS	A CONSEQUE	LA INCE OF	UWO	i u	lev 1	VI	all	wo			
D = 5 = 5	ERTIFICATION	resulting in death) LAST alherosclerofce heart chreare														
0 0 0 5 3	O	PART II. Other significa	ant condition	e contributing to	o death !	but not resu	iting i	n the un	deriving	COURA	alven in	Dart	24a. WAS AN	VERTITION	24b W	TOT AUTOROV SIMONOS
ORD that the ed by th th and h any Inj	DICAL	Back	A //	neuwa	Lie						llit		PERFOR	RMED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
w requires to been signed pt. of Health	MED	3 tacky brought syndrome (3) Lypereueren 10 yes 2) ONO								F DEATH?						
AL RE e law req has been Dept. of 123 shc			J	7 (					10			-				
OF VITAL HYSICIAN: The law his certificate has with the State Dep ked, or Nem 23	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHER		ACE OF D	DEATH (Che	ack only or	10)			
F VIT.	HYS	1 YES 2 NO		1 Inpetient 2 0			DOA Sb. TIME	4 🗆 Nurs	ing Home		esidence					
		1 Netural 5 🗆	Pending Investigation	(Month, E	Day, Year)	- "	INJU		28c. INJU WOI 1 Y		□ NO	28d. De:	SCRIBE HOW II	NJURY OC	CUREO	
The second second	ED BY	3 Suicide 6	Could not be	28e. PLACE (	OF INJURY	Y — At home,	ferm, s	treet, facto		17		201. LOC	CATION (Street a	and Number	or Rural Rou	ite Number,
# F & B &	ETE		determined		, area tobe.	City)						Ony	or Town, Stete)			
TO THE HOSPITAL OR AT TO THE FLANBRAL ORDER OF RIGO WITHIN 72 HOURS	APL			ICIAN: To the beat of												
ANT:	COMPL	2 MEDI			examinatio	on end/or Inve	stigation	n, in my op	olnion, de	eath occur	red at the	time, data	and place, an	id due to th	re cause(s) a	and manner as stated.
PORT A	BE (	296. SIGNATURE AND THE	OF CENTIFIER	1 . 20	^					29c. LICI	ENSE NUM	IBER		29d. DAT		Wonth, Day, Year)
PER	2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETEO CAL	ISE OF DI	FATH (ITEM 27	7) /Noe.	Dring)		D	dy	1 de	)			26-92
301		6132	L	OCCUPLETED CAU  OCCUPANTO  32. REGISTRA  32. REGISTRA	en	Rd	(	Ther	Ion	ly		Ma	1 2	078	35	
		31. DATE FILED (Month, Day.		32. REGISTR	AR'S SIGN	NATURE	Dande	00_		1						
		MFC 2	0 199	17 94	www	H (d/Shall-A)	3310	-								



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	PITA	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con
	HOS	FUN
	포	4
	DIVISION OF VITAL RECORDS, P.O. BOX 687	DIVISION OF VITAL RECORDS, P.O. BOX 687 HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

1 3	1 - STATE REGISTRAR			DEPARTMI			REG. NO		
7		Hubert	Н.	Moore			ecember		3. TIME OF DEATH 10:50 A.
1	4. SOCIAL SECURITY NUMBER 050-18-1300  9a. FACILITY NAME (If not institution, give	1)( M 2   F	8. AGE (In yrs. In 87	YRS. MONT		HOURS MIN.	(Morth, Day, Year) ept. 29,	1905 New	Jersey
TOR	9024 Fort Foot			90.		Washingto		Prince	George's
DIRECTOR		m ice George'	s		www.or.cocato Washin				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	9024 Fort Foot				13333	20744		U.S.A	what country?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 X	RMED NO	If yes, spe	NDENT OF HISPANIC city, Cuban, Mexican, 2 (2) NO Specify:		E - American Indian, ck, White, etc. city: Black	
PLETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	ECEDENT'S USUA Give kind of work d a. Do NOT use retin	one during mos	Resta	SINESS/INDUSTRY				
E COMPLET	17. FATHER'S NAME (First, Middle, Last)  Lawson	OOK			(First, Middle, Melden				
TO BE	10g. INFORMANT'S NAME (Type/Print) Patsy S. Newman	Moore				e Rd., Ft	te Number, City or Tow		20744
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	20b. PLACE	AND DATEOFDIS rematory or other pla OW KING	POSITION (Nan	ne of		CATION — City or 1	own, State
	22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.20745								
CERTIFICATION	23. PART I. Enter the deases, or shock, or hear failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Carcino	e on each lin	the Col				iratory srrest,	Approximate interval Betwoonset and D
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Due to (or as a consequence of):  c. Oue to (or as a consequence of):								
. н	PART II. Other aigniticant condition	one contributing to (	leeth but not	reaulting in the	underlying	rt I. 24a. WAS AN		b. WERE AUTOPSY FIND	
: MEDICAL							_ 1 🖸 YES 2		AMAILABLE PRIOR TO
MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/futnetlant	ori	HER:	CE OF DEATH (Check	1 _ YES 2		AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X XES 2 NO  27. MANNER OF DEATH  1 X Natural 5 Pending	HOSPITAL: 1   Inpetient 2   28e. DATE OF II (Month, De)	NJURY	3 DOA 4 D	HER: Nursing Home 28c. INJU WOR	SVAResidence 6	1 _ YES 2	r (¾ NO	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
D BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X X ES 2 \( \text{ NO} \)  27. MANNER OF DEATH  1 \( \text{ Netural} \) S \( \text{ Pending} \)	HOSPITAL: 1   Inpettent 2   28e. DATE OF II (Month, De) 26e. PLACE OF	NJURY y, Year)	28b. TIME OF	HER: Nursing Home 28c. INJU WOR 1   YE	SY AResidence 6	only one) Other (Specify)	NJURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAM- OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X X E 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL: 1   Inpettent 2   28e. DATE OF II (Month, De) 26e. PLACE OF	NJURY y, Year)  INJURY — At here. (Specify)  my knowledge, de	3 DOA 4 D  28b. TIME OF INJURY  ome, farm, atreet,	HER: Nursing Home 28c. INJU WOR 1 YI factory, office	SAResidence 6   RATE   2   RATE	only one)  Other (Specify)  Bd. DESCRIBE HOW is  City or Yown, State)	NJURY OCCURED and Number or Flurel	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 \( \) \(	HOSPITAL: 1   Inpettent 2   28e. DATE OF II (Month, De) 28e. PLACE OF building, e	NJURY y, Year)  INJURY — At hi ric. (Specify)  my knowledge, di amination and/or	28b. TIME OF INJURY I ome, farm, atreet, eath occurred at t Investigation, in s	HER: Nursing Home 25c. INJU WOR 1	SAResidence 6   RATE   2   RATE	only one)  Other (Specify)  Bd. DESCRIBE HOW I  City or Town, State)  the cause(e) and many indicates and place, and indicates are incident.	INJURY OCCURED  and Number or Rural  more as stated, and due to the cause  29d. DATE SIGNE  Dec.	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  Route Number.  (a) and manner as state  D (Month, Day, Year)  27, 1992



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THE HOSPITM, DIFFORMING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	THE FUNETIAL DESCRIPTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for an internation, or named.	Office 1 to marked or item 2 thousand intervention of the marked assembled assembled assembled assembled to assist as
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 36A " Elizaboth Cotherine Warlan 12-21 4. SOCIAL SECURITY NUMBER 577 64 4481 IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 07/03/45 47 DAYS HOURS 1 M 2 K F VIRGINIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOLY CROSS HOSPITAL DIRECTOR SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND PRINCE GEORGES ADELPHI 1 XYES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11234 Evans Trail #204 20783 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b..KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 Administrative Aide P.G. County Government 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) PRINCE WILLIS BESSEY WILLIS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 SAM MANLEY, JR. (HUSBAND) 6911 Kipling Parkway, Dist. Hts, Md. 20747 20e. METHOD OF DISPOSITION
1 🔀 Burlel 2 🗆 Cremetion 3 🔀 Rer
4 🗆 Donation 6 🗆 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State GRAVEL HILL CEMETERY 12/26 FLUVANNA Co., Virginia 21. SIGNATURE OF FUNG 22. NAME AND ADDRESS OF FACILITY
ALEXANDER S. POPE FUNERAL HOMES 5538 Marlboro Pike, Dist Hts, Md 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Car diovos cular resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNEB OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1) Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 DEMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) IMPOR aulus DOSS 46 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) auber 8318 WISCONSIN ACOR DEC 3 1 1992 32. REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE Francisco

	And the the centricate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after each with the State Date, or Health and Mental Hopiene prior to burial, cremation, or removal.	
	sit permit. Page	
nding physician.	s the burial-tran	
hospital or atte	tached for use a	Co.
retained by the	5 should be de-	notified at on
. Раде 6 тау ъ	al director, page	iner must be
nours after death.	d in by the funer or removal.	medical exam
uted within 24 h	I completely fille	ic event, the
ertificate be exec	ng physician and giene prior to bu	other traumat
that the death or	d by the attendi	iny Injury, or
he law requires	has been signe a Dept. of Health	m 23 shows a
THE MOTING PRESIDENCE THE INFORMACE THAT THE DESTRUCTED BE EXECUTED WITHIN ZA hours after death. Page 6 may be retained by the hospital or attending physician	er this certificate of with the Stan	28 is marked, or item 23 abows any injury, or other traumatic event, the medical examiner must be notified at once.
<b>KLTENDIA</b>	COR. AL	/28 is s

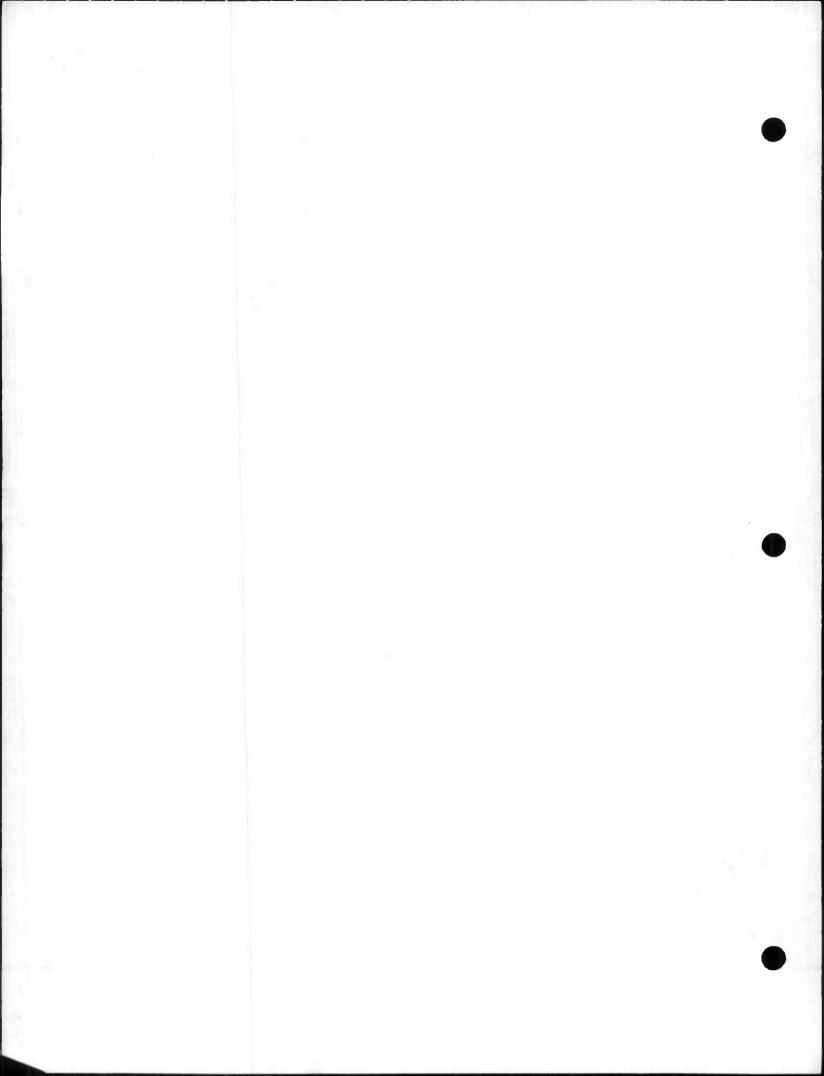
THE STATE

31. DATE BULL 28

1992

	FOR	STATE OF I	MADVI AND	/ DEDAG	TRECNT	OF UPAIN	TI AND	ARTAITAL LIVOU	nie.	72 00	1 50	
	1 - STATE REGISTRAR	SIMIE OF I				OF DE		MENTAL HYGII REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)	ATD MADO	SHALL					2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF D	EATH	
	JOHN REGINA	faid blob do i			12	23		55A M				
	219-42-2506	5. SEX	The state of the s			F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State of Country)	r Foreign	
	9a. FACHLITY NAME (If not institution, give s		, )1			OWN OR LOC	ATION OF D	May 29,		Maryland INTY OF DEATH		
ď	PRINCE GEORGE'S HOSPITAL CE			FD		HEVERL		CAITI	100			
1 5	RESIDENCE OF DECEDENT	IL CLIVII				1		IPKI	NCE GEORGE	5		
DIRECTOR	10a. STATE 10b. COUNTY		•	(-)	Y, TOWN OR					10d. INSIDE C	TY	
		e George	S	DIS	trict	Heigh			1 - YES 2 - N			
FUNERAL	2100 Courth Addison	m Daad	#2		101. ZIP CODE 20747				10g. CITIZEN OF WHAT COUNT			
l z	2109 South Addiso	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13, W			NIC ORIGIN? (Specify		14. RACE — American I	ndien	
	IN 1 FO LABOR MINISTER & MINISTER OF	FORCES? 1	YES 2 WAR OR DATES	ON	H y		aban, Mexica	in, Puerto Rican, etc.)		Black, White, etc. Specify:		
BY										Black		
COMPLETED	15. DECEDENT'S EDUH (Specify only highest grade	completed)		Give kind of	USUAL OCC	UPATION ing most of wo	nking	16b. KIND OF	BUSINESS/IN	DUSTRY		
1 2	Elementary/Secondary (0-12) 9th Grade	College (1-4 or 5	()	ırm Ha				Farms				
NO.	17. FATHER'S NAME (First, Middle, Last)					18, M	OTHER'S NA	ME (First, Middle, Maid	er Sumemel			
BE C		Marshall							Shorte	er		
5	196. INFOHMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	Mary Edith Robinson 3305 Dodge Park Road, #102, Landover, MD 20785											
	1 N Buriel 2 Cremetion 3 Remarks 4 Donation 5 Other (Specify)	oval from State	cemetery, d Harmo	crematory or o	of dispositi ther place ( emoria	on(Name of 1 Parl	k 12/			r, Marylan	d	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	/	1	22. NA	ME AND ADD	RESS OF FA	CILITY		Home, P.A		
_	W. Conslan	ree D	asel		473	9 Balt	imore	Ave., Hya	attsvi	lle, MD 20		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Final disease or condition Onset and Death											
	resulting in death)  a. Due to (life as a consequence or):											
Z	- acut our cume veno your											
15	Sequentially list conditions, if any, leading to immediate											
1 2	CAUSE (Disease or Injury	e. COLD	OR AS A COMS	- IV	M	0 0-	1	, V				
CERTIFICATION	that initiated events resulting in death) LAST	. dill	UTT	CN	ini	un	Ш	Mes		i		
빙	DATE II ON A MARKET WAS											
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED?  24b. WERE AUTOPSY FINDING MAILABLE PRICH TO									OR TO		
MEDICAL	1 □ YES 2 1910 COMPLETION OF CAUSE OF DEATH?									F CAUSE		
	917	A Hall	NA	Edw	12			-		1 [] YES 2 [	□ NO	
NA.	25. WAS CASE REFERRED TO MEDICAL	JOHN	0101		U	26. PLACE OF	DEATH (Ch	ack only post			_	
PHYSICIAN:	1   YES 2   10	HOSPITAL:	EFUOutpetient	3 [] DOA	OTHER:			6 C Other (Specify)				
F	27. MANNESS OF DEATH	28s. DATE OF (Month, D	INJURY	28b. TIM		IC. INJURY AT		284. DESCRIBE HON	V INJURY OC	CURED		
₽	1 Natural 5 Pending 2 Accident Investigation				M	T YES 2	□ NO					
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 250 PLACE OF BUILDRY — At home, farm, building, etc. CaseON				, office		28f. LOCATION (Street and Number or Funti Floute Number, City in Town, State)				
1	-6							- Paris - Pari				
COMPLETED	Check party									ted. he cause(e) end menner e	a admits of	
	296 SIGNATURE AND TITLE OF CHRISTIES		1		A.	-				Carried States of the States o		
BE	Man VIII	MI	MAN	11	N	1 500	CENSE NUI	Jaa	29d. DAT	E SIGNED (Moreth, Pay, 16	ar)	
D	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	Print)	101 05	<u> </u>			(0.11		
	L. DENNIS, M.D.				6:			LT RD #U1 . MD. 207				
1	31 DATE BR. BOWARD Cont. Mont.	an droisers	010 0101117777	_				, , , , , , , , , , , , , , , , , , , ,				

32. REGISTRABIS SIGNATURE
Stake Daydon-Randell



BALTIMORE, MARYLAN	Page 6 may be retained by the hor	director, page 5 should be detach	er must be notified at once.
X 68760, BALTI	O THE HONDIA CAN THE DING PRIVICIAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FLANDAR DIRECTOR After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed with a state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate by	TO THE FUNCTION DIFFERENT After this certificate has been signed by the attending physician and completely filled in by the I be filed with a State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	3 shows any injury, or other tra-
DIVISION OF VITAL	AL OF ATTENDING PHYSICIAN: The la	I DIFFERENCE After this certificate has	If Item 28 is marked, or Item 2
	о тне новет	THE FLANTA	PORTANT:

											C	12	38199
	1 - FOR STATE REGISTRAR	STATE OF MA		DEPART					MENTAL	HYGIEN REG. NO.	E	box	00122
	1. DECEDENT'S NAME (First, Middle, Last)	.11		na	1		/	, ,	2. DATE C	F DEATH		VEAR	3. TIME OF DEATH
	EMMA C	Atherin		ren	de	nh	la1		Dec	29		992	8:50A. m
		5, SEX 6	AGE (In yrs. last		IF UNDER	DAYS	HOURS	MIN.		Day, Year)		Country	
	577-01-2741  Da. FACILITY NAME (If not institution, give a		84		N. 0171	r, TOWN O				26, 1	908 sc. coun		ington, DC
Œ	St MADISH	oca to	1		1	ONL		T OF DE	ATH	,			
DIRECTOR	RESIDENCE OF DECEDENT	spira		- '		ON	ara	TC	M	/	St.	Mar	y s
RE	10a. STATE 10b. CDUNTY					OR LOCATI	ON						10d. INSIDE CITY
		Mary's		Ho1	lyw								1 X YES 2 NO
FUNERAL	106. STREET AND NUMBER					101.	ZIP CODE						HAT COUNTRY?
NE	643 Half Pone Poi						2065				U.S		
	1 Never Married 2 Married	12. WAS DECEDENT ! FORCES? 1	YES 2 X N			If yes, spe-	cify Cubar	n, Mexicar	n, Puerto Ri	(Specify Yes	or No	14. RACE Black,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES			1 TYES	2 X NO	Specify.	*			Spec#y Whit	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DEC	CEDENT'S US	SUAL O	CCUPATIO	N		16b. I	KIND OF BUS			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo.	Do NOT use	retired.)								
COMPLETED	6th Grade   -		- Ass	st. C	hie:	f Ope	erato	or	U.	S. Ca	pitol		
	17. FATHER'S NAME (First, Middle, Last)	A 1	-							ddle, Meiden	Surname)		
BE	William Winford  19a, INFORMANT'S NAME (Type/Print)	Adamson,			-		Maı	-d	Davi				
2	Marie C. Neas									r, City or Town			
	20s. METHOD OF DISPOSITION		20b. PLACE A	205 St				2, La	OATE		2070 CATION — C		
	1 X Burial 2 Cremation 3 Remo	ovel from State	Mt. O.					1/2	/ 1993		ingto		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSER	Tite. O.	7	22	NAME AND	0.400055	OF EAC	OH ITW				
	1 // / 7	0 =	- (	1	F	ranci	Ls Ga	asch'	's So	ns Fu	neral	Hom	e, P.A.
	23. PART I. Enter the diseases, or c	complications that o	read the dec	oth Do oo	4	/39 E	Balti	Lmore	e Ave	.,Hya	ttsvi	11e,	MD 20781
	anock, or heert fellure.	List only one cause	on each line.	atti. Do ilo	t enter	the mou	e or ayı	ng, auch	1 aa carde	ec or reapi	retory arre	ent,	Approximata Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	11-	. to	0		P	_	2	/				Oneet and Death
	resulting in death)	a. DIFE TO (O	R AS A CONSEO	UENCE OF:	16.00	7	-	/a	110	ne			Jays
z	VI. ICONICO S	4	no to	. (	0	11	(n)	m	a				'
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	SUE TO P	R AS A CONSEO	UENCE OF):			000	, ,, (	-				
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
THE	that initiated events resulting in death) LAST	DUE TO (DI	R AS A CONSEQ	UENCE OF):									
4.5	resolding in destiny exist	d											
10	PART II. Other aignificent condition	a contributing to de	eath but not re	eulting in	the un	nderlying	cause g	iven in i	Part I.	24a. WAS AN		24b. 1	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
ME										0			OF DEATH?
ž									_				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEBITAL.					ACE OF DE	EATH (Che	ck only one)				
YSI	1 TES 2 SHO	HOSPITAL:	R/Outpatient 3		OTHER Nur		5 🗆 Rei	sidenca (	6 🗆 Other	(Specify)			
PH	27. MANNER OF DEATH  1 Naturel 5 Pending	28a. DATE OF IN (Month, Day,		26b. TIME (		28c. INJU WOR			28d. DESC	RIBE HOW IF	NJURY OCC	JRED	
BY	1 Naturel 5 Pending 2 Accident Investigation				M	-	ES 2 [	ND					
9	3 Suicide 8 Could not be	28e. PLACE OF II building, ato	NJURY — At hon :. (Specify)	ne, farm, stre	eat, fact	tory, office				Town, State)	nd Number o	or Runal Ro	sute Number,
<b>L</b>	29e. CERTIFIER												
MP	(Check only   DEERTIFYING PHYSIC	CIAN: To the best of my											
COMPLET	2 MEDICAL EXAMINE		nination and/or in	westigation,	in my o	opinion, de	ath occur	ed at the t	Ilma, date e	nd place, and	d due to the	cause(a)	and manner es stated.
BE	296. SIGNATURE AND TITLE OF DERTHER	A.	wi				29c. LICE				29d. DATE	SIGNED (	Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED ONLINE	700	1)			10	20	23	0	1	2/3	20/97

CAUSE OF OEATH (ITEM 27) (Typo,

Pandell

32. REGISTBAR'S SIGNATURE

1992

DAVID
31. DATE FILED (MORITI, Day, Year)
DEC 3 1

MD 2065C

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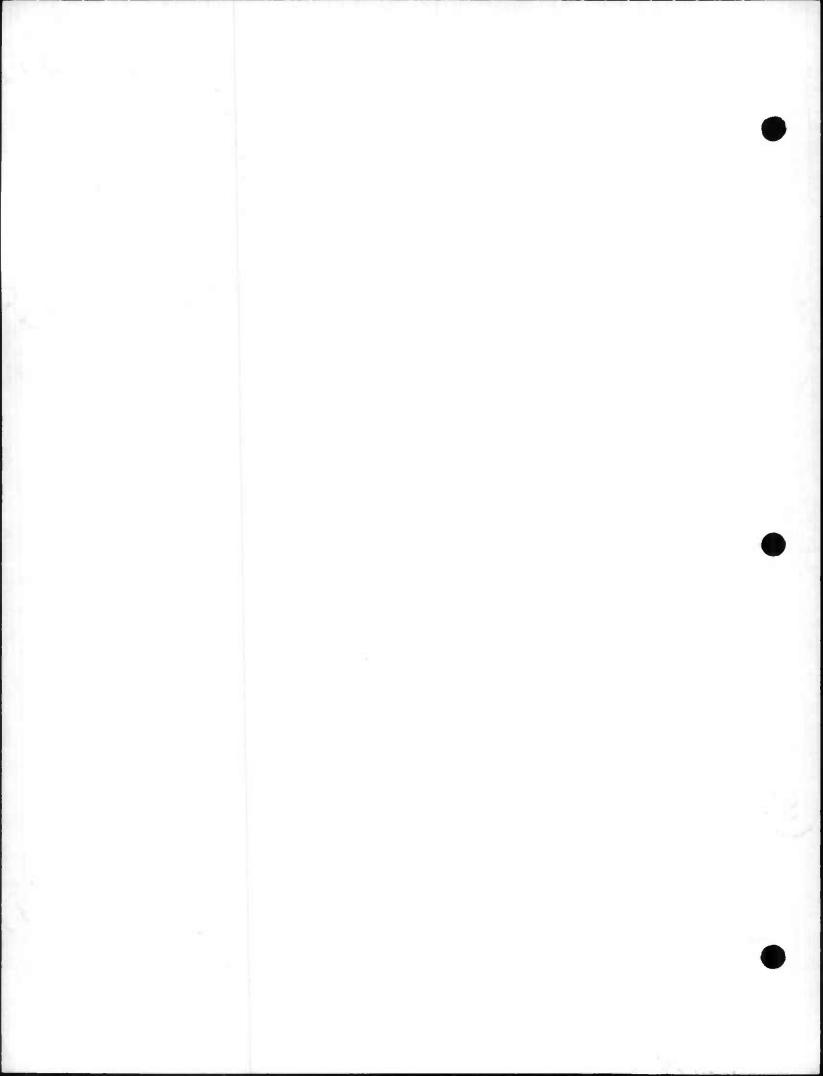
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

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SION OF VITAL RECORDS, P.O. I	ŀ
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	- 33	1. DECEDENT'S NAME (First			ACON						2. DATE OF DEAT	DAY	YEAR	3. TIME OF DE	HTA
		4. SOCIAL SECURITY NUMBER	ESSIE	5. SEX	8. AGE (In yrs. Is	MOOR		1 VEAR	T tames		12			12:07	Ам
		578-52-1717		1 M 2 X F	88	YRS.	IF UNDER	DAYS	HOURS	MINI,	7. DATE OF BIRTY (Month, Day, Ye 06 13	1904	Count	IPLACE (State or Inc.)	
Should	- 8	Se. FACILITY NAME (If not in		street and number)			9b. CITY	TOWN	OR LOCATE	ON OF DE			UNTY OF D		TITE
1. 2. 3 s	DIRECTOR	PRINCE GEOR	GE'S H	HOSPITAL C	CENTER			CHE	VERLY	,		PR	INCE	GEORGE 1	S
Pages	E	10e. STATE	10b. COUNT			10c. CITY, TOWN OR LOCATION							10d. INSIDE CIT	TY	
permit. P		Maryland		ce George	e¹s		Lanh	am				1 🔀 YES 2 □ NO			NO
	FUNERAL	10e. STREET AND NUMBER						10	H. ZIP CODE					WHAT COUNTRY	7
020 physician. burial-transit	JNE	8016 Tiffan	y Lane	12. WAS DECEDENT	EVER IN U.S. A	BMED	12 1	MAG DE	207		VIC ORIGIN? (Specif		S.A.	E American In	41
1215-0020 or attending physician, r use as the burial-trar	BY	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 [ IF YES, GIVE WI	YES 2 X	NO		yes, sp		n, Mexica	n, Puerto Rican, etc			k, Whits, etc.	****
1215	9	15. DEC (Specify onl)	EDENT'S EDU y highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL O	CUPATI Juring m	ON ost of working	20	16b, KIND O	BUSINESS/II	OUSTRY		
YLAND 21 by the hospital or be detached for a	COMPLETE	Elementary/Secondary (0		College (1-4 or 5+)	, "	memak	se retired.)				Own	Home			
	BE CO	17. FATHER'S NAME (Flist, M William Har							1		ME (First, Middle, Mi UNKNOWN	eiden Sumame)			
MAR retained 5 should notified	0	19a. INFORMANT'S NAME (									Route Number, City o				
E, B		Dallas L. S								, La	nham, Ma				
ALTIMORE, death. Page 6 may be inneral director, page		1 Donation 5 Other	on 3 🗌 Rem	oval from State	20b. PLACE cemetery, cr	ematory or o	of Dispos ther place)	TION (N	ters	01/	DATE 200 02/1993	Bront	- City or To	Monre 1	and
Page al dire		21. SIGNATURE OF FUNERA		CENSER	11010	DINC	22.	NAME A	NO ADDRES	SS OF FA	CILITY				
BALTIMORE, er death. Page 6 may be the funeral director. page val.		· Cak	0 %	0.50							's Sons				
BALTIMORE, eccuted within 24 hours after death. Page 6 may be and completely filled in by the funeral director, page burlal, cremation, or removal.		23_PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	Helena.	re on each lin	e. orila	186								mata Between nd Death
# E B B B	NOI	Sequentially list conditi	lons,	b. Athes DUE TO (C. Probo	OR AS A CONSE	OUENCE O	F):	Ca	rol	Me	east c	ore	425		
BO ate be hysician prior	ICAT	If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju	ING Iry	· Proba	6/7	se	PSI	3							
P.O. It certiff ending part Hygien	CERTIFICATION	that initiated events resulting in death) LAS	7	d	OR AS A CONSE	OUENCE O	F):								
The d We		PART II. Other eignifice	nt condition	a contributing to d	death but not	resulting	In the un	derlyin	g cause g	given in		S AN AUTOPSY	246	WERE AUTOPSY AMAILABLE PRIO	
ECOR uires that signed by Health and	MEDICAL											S 2 NO		COMPLETION OF OF DEATH?	
RECC requires been signe of Health	_										_			1   YES 2	NO NO
23 bept 23	AN	25. WAS CASE REFERRED TO	O MEDICAL				-	26. P	LACE OF D	EATH (Ch	eck only one)			NH	4
VITA AN: The ifficate h State [	HYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	:			6 Other (Specify,				
DE VITA  THE PHYSICIAN: The properties of the with the State (  The properties of th	Δ.		Pending Investigation	28s. DATE OF I		26b. TIM		28c. IN.	JURY AT ORK? VES 2	1119	28d. DESCRIBE H		CCURED	_	
SIC TTENDIO TORE A affine da affine da	TED BY	3 Suicide 6	Could not be determined	28e. PLACE OF building, e	INJURY — AI h	ome, farm,	street, facto	ory, office	CO.		281. LOCATION (St City or Town, S	treet and Numb	er gy Rurel I	Ploute Number,	
	COMPLET			CIAN: To the best of m										s) and manner as	stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72	ш	29b, SIGNATURE AND TITLE		10 - 0					29c. LICE	ENSE NUN	MBER	29d. DA	TE SIGNED	(Month, Day, Year	1)
E E S S	TO B	17.6.1CE		Causa				10	DA	16	16	•	12/.	30/9	2
(5)		30. NAME AND ADDRESS OF		O COMPLETED CAUSE		M 27) (Type	be	V	RI	1	ANKI	720	378	5	
		31. DATE FILED (Month, Day,	9 1219	32. REGISTRAR	s signature	- Par	dall								
_															

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

3. TIME OF DEATH

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

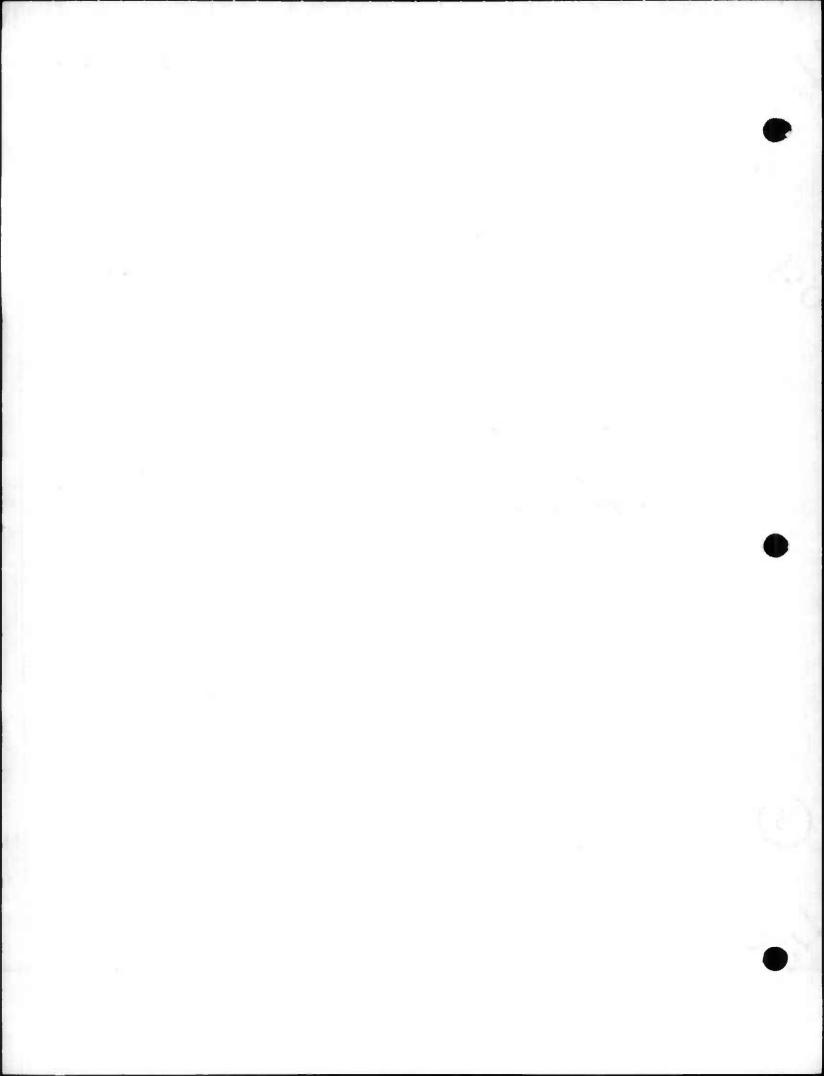
OF VITAL RECORDS, P.O. BOX 68760,

12 MAROUART ST 6:45 VERNON EUGENE A.M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 1-M 2 - F HOURS 217-28-5346 59 April 10,1933 Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DC COUNTY OF DEATH DIRECTOR RT.5 AT Allentown Road PRINCE GEORGES Camp Springs 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Maryland Clinton 1 - YES 2 NO permit. 10a. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7402 Dryden Place 20735 U.S.A. burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pa 1 TES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced use as the Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) ğ 7th Assistant Manager detached Tucker Restaurant 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Carroll Vernon Marquart Souders Louise page 5 should be Ħ notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vernon E. Marquart, Jr. 9115 Marlboro Pike Upper Marlboro, Md 20772 2 20e. METHOD OF DISPOSITION
1 Burlal 2 Ø-Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must the funeral director, 4 Donation 5 Other (Specify) Tee Crematory 12 Clinton, Maryland 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. examiner 21. SIGHATURE OF FUNERAL SERVI 6633 Old Alexander Ferry Rd Clinton, Md 20785 medical 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, and completely filled In by I burial, cremation, or remov Approximate shock, or heart feilure. List only one cause on each line Interval Between Onset end Death **IMMEDIATE CAUSE (Finel** traumatic event, the disease or condition resulting in death) MULTIPLE INJURIES CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician ar Mental Hygiene prior to if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS this certificate has been signed by with the State Dept. of Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO Shows 7 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: me 5 - Residence 6 Yother (Specify) RT 5 AT ALLANTOWN 1 X YES 2 - NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME DF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 12-29-1992 TO THE ROSPITAL DIRECTOR: After this TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wit IMPORTANT: If Item 28 is marke 1 Natural 5 Pending Investigation DRIVER IN AUTO/TRUCK IMPACT 1 YES 2XX BY 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, 8 Could not be COMPLETED RT5 AT Allentown Road 4 Homicide ON ROAD 29a. CERTIFIER
(Check only one)

N. Valence and Evaluation of the best of my knowledge, death occurred at the films, data and place, and due to the cause(e) and menner as stated. Camp Springs 2XXMEDICAL EXAMINER: On the bi on end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner se stated. 29c. LICENSE MIMBER BE 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 12-29-1992 2 WHO COMPLETED CAUSE OF DEATH LITEM 27) (Type, Print) MD11 Penn Street, Baltimore, Maryland 21201 \$2. REGISTRAR'S SIGNATURE Julia Daydson-Randell DEC 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

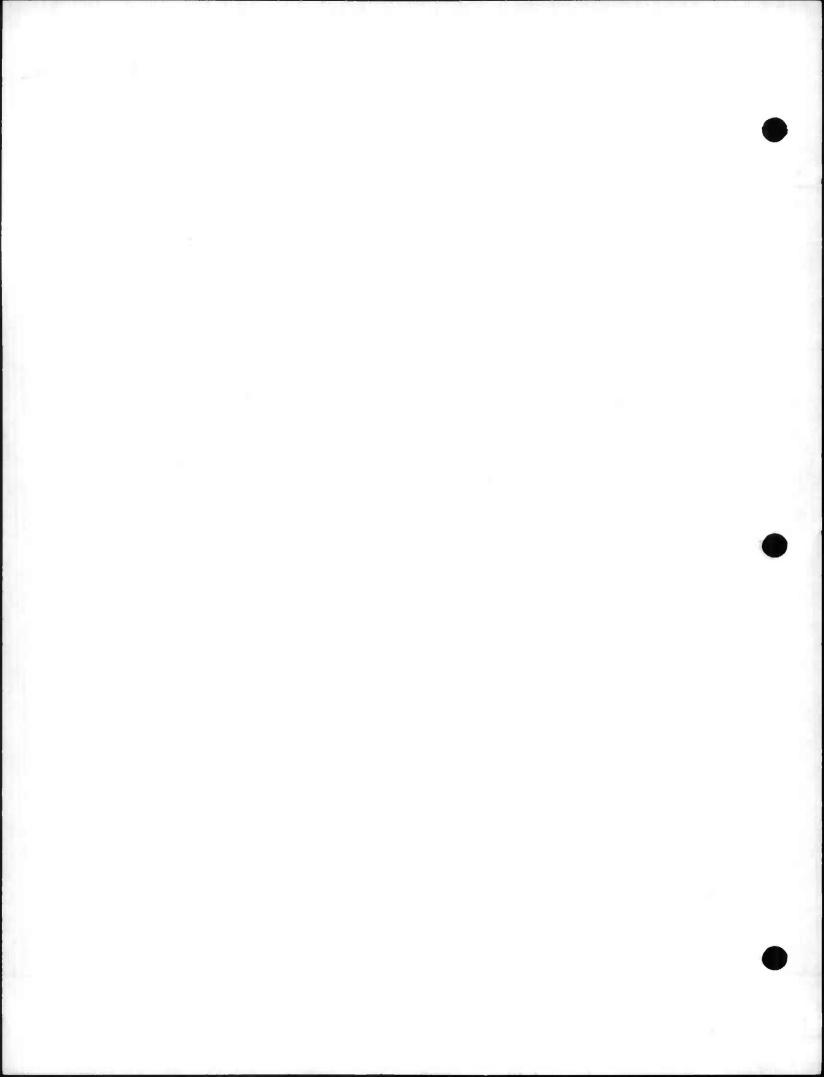
DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hospital or attending physician.	conflictate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	billical examinar must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR APTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	De THE WINN I K TOUS state death with the State Dept. Or tend on which the most state of the most state of the most state death with the State Dept. Or tend on which the most state of them 28 is marked or them 28 is marked or them 50 shows any failury or other trainmails event the marked or them 50 shows any failury or other trainmails event the marked or them only the marked or them 50 shows any failury or other trainmails event the marked or them only the marked or them.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH AND	MENTAL HYGIEN REG. NO.	-	
		neIntosh			2. DATE OF DEATH	YEAR YEAR	3. TIME OF DEATH
	578-16-0617	. SEX 6. AGE (In yrs. Ins	YRS. MONTH	200 12,550 100	7. DATE OF BIRTH (Month, Day, Year) APRIL 1,	1899 VIR	GINIA
TOR	9a. FACILITY NAME (If not institution, give stree WASHINGTON ADVENT) RESIDENCE OF DECEDENT		9b. C	TAKOMA PARK,		MONTGOM	
DIRECTOR	MARYLAND MONTGO	DMERY	War and War A	MA PARK			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 6733 N. H. AVE. #2	207		10f. ZIP CODE 20912		U.S.A	
BY		2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X I IF YES, GIVE WAR OR DATES	MED NO	3. WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Blac	E American Indian, k, White, etc. I/V: ILACK
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  5th  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  LAUNDRY WORKER  PRIVATE						
BE COMPL	BENJAMIN McINTOSH MARY McINTOSH						
101	199. INFORMANT'S NAME (Type/Print)  FREDINE D. DAVIS 209. METHOD OF DISPOSITION	6	733 N.H	SS (Street and Number or Rural AVE. #207	TAKOMA PARK	, MARYLA	
	20d. METHOU OF DISPOSITION 1 XBurial 2 Cramation 3 Ramova 4 Donation 5 Oner (Specify) 21. SIGNATURE OF FIMERAL SERVICE LICEN	cemetery, cre HARMON	AND DATE OF DISP imatory or other place Y MEM.	e)	2-29-92 LAN		IARYLAND
	· Kull	tul		716 KENNEDY	ST N.W. W.		
	23. PART. Enter the diseases, or point shock, or heart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	nonly one cause on each line	e agest	~ .0		b	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CONSECUENT)	OUENCE OFF	0 01	opulonen	lu	
MEDICAL	PART II. Other significant conditions of Completed Conditions of Completed Conditions of Conditions	contributing to death but not a	resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	MERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 24 NO
PHYSICIAN:		OSPITAL:	DOA 4 D	28. PLACE OF DEATH (CI ER: ursing Home 5 \( \subseteq \text{Residence} \)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, street, i	actory, offica	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED		N: To the best of my knowledge, de On the basis of examination and/or					s) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	I A Ch	selle	29c. LICENSE NU	MBER 0129	≥ 12/	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C A. A. C. HACKO. 76 6 31. DATE FILED (MONTH, Day, Year)	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	# 390 T	atem Pl	c mp o	20912
	DEC 3 0 1992 4	· Davidson-Randale					



DHMH-16 Rev 1/89

1	1	IIII count by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit owner. Property is an executive prior to burial, cremation, or removal.
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BALTIMORE, MARYLAND 21203-3146	death.	fune
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EDORDS, P.O. BOX 13146,	De o	run count by the intending physician and completely filled in by the funeral director, page 5 should be detail or high and fluents Higher prior to burial, cremation, or removal.
ORI	-	2.0
P	innumer must me common ordificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	10

90. FA 90. FA 100. S 100. S 11. MA 1	TREET AND NUMBER  O151 Calime RITAL STATUS Infa! Never Merried 2 Merri Midowed 4 Divorced (Specilly only high Imentary/Secondary (0-12)  THER'S NAME (First, Middle, Colbey FORMANT'S NAME (Type/Pi ATTHOUGH OF DISPOSITION Install 2 Cremetton 3 Ponetion 6 © Other (Spec	5. SEX  1 M 2 1  1000, give street and number)  1100 County Horizon  1110 County  1110 Franklin  112. WAS OCCET  FORCES?  IF YES, GIV  113 EDUCATION  114 Set grade completed)  College (1-4 or  Lee Myer:  115 College (1-4 or  116 College (1-4 or  117 College (1-4 or  118 College (1-4 or  119 College (1-	OSPITAL  DENT EVER IN U. 1 YES : 75+)  10  20b. Pl	YRS.  10c. CIT Way  S. ARMED 2 NO IS  DECEDENT'S (Give kind of life. Do NOT u	9b. CITY, TO F I I I I I I I I I I I I I I I I I I	AVE HOU 2 DOWN OR LO LOCATION O 101. ZIP 0 101. ZIP 0 102. ZIP 0 103. ZIP 0 104. ZIP 0 105. ZIP 0 106. ZIP 0 107. ZIP 0 107. ZIP 0 108. AVE 0 109. ZIP 0 1	CATION OF DE STOWN  CODE  17258 INT OF HISPAN Cuban, Maxica Specify  working	NC ORIGIN? (Sp. n, Puerto Ricen r: 16b. KINI	BER 25,  Sec. C. W.  10g.  DOF BUSINESS	OLITIZEN OF USA	THPLACE (State or intro) ashingto: DEATH ngton  10d. INSIDE CH LIMITS? 1  YES 2,5 F WHAT COUNTRY? ACE - American Interest, White, atc.
90. FA  100. S  100. S  11. MA  1	Washingto Washingto Dence of Deceditate  TREET AND NUMBER  O151 Calime RITAL STATUS Infair Never Merried 2 Merrie (Specilly only high Imentary/Secondery (0-12)  THER'S NAME (First, Middle, Colbey FORMANT'S NAME (Type/Parents/BC BETHOD OF DISPOSITION STATURE OF FUNERAL SEI	on, give street and number) On County Horizon Eranklin  T Drive 12. WAS OCCET FORCES? IF YES, GIV  IT'S EDUCATION TOTAL College (1-4 or Colleg	OSPITAL  DENT EVER IN U. 1 YES : 75+)  10  20b. Pl	VAS.  10c. CIT Way  S. ARMED 2 NO IS  DECEDENT'S (Give kind of life, Do NOT us)	9b. CITY, TI  9b. CITY, TI  13. WAN 11 y 10  USUAL OCC Work done during redried.	AVE HOU 2 DOWN OR LO LOCATION O 101. ZIP 0 101. ZIP 0 102. ZIP 0 103. ZIP 0 104. ZIP 0 105. ZIP 0 106. ZIP 0 107. ZIP 0 107. ZIP 0 108. AVE 0 109. ZIP 0 1	CATION OF DE STOWN  CODE  17258  NT OF HISPAN Cuben, Mexice Specify working	(Month, Day DECEM! ATH  AIC ORIGIN? (Sp. n, Puerto Rican	BER 25, Sec. C W 10g. Doctify Yea or No., etc.)	OLITIZEN OF USA	ashington ashington  Total Market Country?  Total American Invaces, White, atc.
10e. S 10	Washingto	on, give street and number) on County He ENT COUNTY Franklin  **Prive** 12. WAS OBCEET FORCES? IF VES, GIV  IT'S EDUCATION Lest grade completed)  College (1-4 or  Lee Myer:  The Removal from State City) HOSPITAL	DENT EVER IN U. 1 YES 2 75+)  10 20b. Pl	10c. CIT Way  S. ARMED 2 NO SS  DECEDENT'S (Give kind of life. Do NOT u	13. WAR IT I CONTROL OCCUPANT OF THE PROPERTY	DWN OR LO  age TS  LOCATION  O  101, ZIP (  104, ZIP (  105, ZIP (  107, ZIP (  108, SPECIFY (  109, SPECIFY (	code  17258  ENT OF HISPAN Cuban, Mexice Xio Specifi	NC ORIGIN? (Sp. n, Puerto Rican	10g. 10g. 10g. 10g. Docify Yea or No., etc.)	CITIZEN OF USA	TOTAL TOTAL
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10e. \$ 11. MA 1	TREET AND NUMBER  O151 Calime RITAL STATUS Infa Never Merried 2 Merri Widowed 4 Divorced  Specify only high Imentary/Secondary (0-12)  THER'S NAME (First, Middle, Colbey IFORMANT'S NAME (Type/Pi arents/BC  BETHOD OF DISPOSITION SPONSITION 6 © Other (Spec	COUNTY Franklin  T Drive  12. WAS OCCET FORCES? IF YES, GIV  IT'S EDUCATION Lest grade completed)  College (1-4 or  Lest)  Lee Myer:  Thirt!	1  YES 2 / YE WAR OR DATE	Way  S. ARMED  2 NO  S. DECEDENT'S  Give kind of the Do NOT ut	13. WA If y 1 [] USUAL OCC	S OECENOE  S, Specify (  YES 2 X  JPATION ing most of w	17258 INT OF HISPAN Cuban, Maxica XiO Specifi	n, Puarto Rican	Decity Yea or No., etc.)	USA  14. RA Bill Sp	LIMITS?  1 YES 2.  F WHAT COUNTRY?  ACE — American Index, White, etc.  White
10e. 8 11. MA 1	TREET AND NUMBER  0151 Calime RITAL STATUS Infa! Never Merried 2 Marri Nidowed 4 Divorced  15. OECEDEN (Specify only high Imentary/Secondary (0-12)  THER'S NAME (First, Middle, Colbey IFORMANT'S NAME (Type/Planents / BC  BY AT COLS OF TENERAL SEI  DIVINITIAL SEI  AND TREET AND NUMBER  15. OECEDEN (Specify only high Info Tenents / BC  15. OECEDEN (Specify only high Info Tenents / BC  15. OECEDEN (Specify only high Info Tenents / BC  15. OECEDEN (Specify only high Info Tenents / BC  15. OECEDEN (Specify only high Info Tenents / BC  16. Other (Specify onl	Tranklin  r Drive  12. WAS DECET FORCES? IF YES, GIV  IT'S EDUCATION Dest grade completed)  College (1-4 or  Lest)  Lee Myer:  College (1-4 or	1  YES 2 / YE WAR OR DATE	Way  S. ARMED  2 NO  S. DECEDENT'S  Give kind of the Do NOT ut	13. WA If y 1 [] USUAL OCC	S OECENOE  S, Specify (  YES 2 X  JPATION ing most of w	17258 INT OF HISPAN Cuban, Maxica XiO Specifi	n, Puarto Rican	Decity Yea or No., etc.)	USA  14. RA Bill Sp	LIMITS?  1 YES 2.  F WHAT COUNTRY?  ACE — American Index, White, etc.  White
100. \$ 111. MA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TREET AND NUMBER  O151 Calime RITAL STATUS Infa!  Never Merried 2 Marri Widowed 4 Divorced  (Specify only high Imentary/Secondary (0-12)  THER'S NAME (First, Middle, Colbey  FORMANT'S NAME (Type/Pi arents/BC  ETHOD OF DISPOSITION Jurial 2 Cremetion 3  Conation 6 © Other (Spec	r Drive 12. WAS DECET FORCES? IF YES, GIV  IT'S EDUCATION Dest grade completed) Coffee (1-4 or Coffee) Lee Myer:  Lee Myer:  G Removal from State City) MOSPITAL	1  YES 2 / YE WAR OR DATE	.S. ARMED 2 NO IS Sa. DECEDENT'S (Give kind of life. Do NOT u.	13. WA If y 1 [ USUAL OCC work done dur	S OECENOE  S, specify (  YES 2 X  JPATION Ing most of w	17258 INT OF HISPAN Cuban, Maxica XiO Specifi	n, Puarto Rican	Decity Yea or No., etc.)	USA  14. RA Bill Sp	F WHAT COUNTRY?  ACE — American Incack, White, atc.  White
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17. FA  19e. II  20e. II  21. Se	15. OECEDEN (Specify only high Imentary/Secondary (0-12)  THER'S NAME (First, Middle, Colbey IFORMANT'S NAME (Type/Pi arents/BC  IETHOD OF DISPOSITION INTIGAL 2 Commetted 2 Commetted 3  Ponetion 6 © Other (Spec	Lest)  Lee Myer:	5 20b. Pl	Se. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCC work done dur ne retired.)	JPATION ing most of v	working	16b. KINI		S/INDUSTRY	White
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19e. # P 20e. h 1   E 4   C	Colbey FORMANT'S NAME (Type/Pi  Arents/BC FIFTHOD OF DISPOSITION FORMANT'S NAME (Type/Pi  Arents/BC FIFTHOD OF DISPOSITION FORMANT OF FUNERAL SEI	Lee Myer:	S 20b. Pl	19b. MAILING		18.	MOTHER'S NA	MF (First Middle			
19e. # P 20e. h 1   E 4   C	Colbey  FORMANT'S NAME (Type/P)  Arents/BC  FETHOD OF DISPOSITION  Furial 2 Commetten 3  Formation 6 of Other (Special Augustion)  ANATURE OF FUNERAL SEI	Lee Myer	20b. Pl		V STATE	16.1	MOTHER'S NA	ME (First Middle			
P 20e. h	FORMANT'S NAME (Type/P)  A 'L'ents/BC  BETHOD OF DISPOSITION  Fundal 2 Cremation 3  Ponetion 6 CO Other (Special Augustume of Funeral Sei	Removal from State	20b. Pl		ADDESSA			THE CHAPT INTOON	e, Maiden Surnan	ne)	
P 20a. h	arents/BC DETHOD OF DISPOSITION Fundal 2 Cremation 3 Denation 6 © Other (Special August 2) DISPOSITION OF FUNERAL SEI	Removal from State	20b, Pt		ADDETAL		Karen	Marie	e Myer	s Ma	rquiss
20a. h 1   E 4   E	ETHOD OF DISPOSITION Auriel 2 Cremetion 3 Constion 6 T Other (Special Auriel Constitution 1) Constitution 1 The Constitution 1		20b. Pt					Route Number, C	Ity or Town, State	e, Zip Code)	
1   E 4   C 21. Sid	ouriel 2 Cremetion 3 constion 6 d Other (Special SANATURE OF FUNERAL SEI		20b, Pl		51 Cal						
21. \$1	GNATURE OF FUNERAL SE		1	LACE OF DISPO ther place)	SITION (Name	of cemetery,	cremetory or		20c. LOCATION	N — City or	Town, State
NO Sequif an caus	entially list conditions, y, leading to immediate e. Enter UNDERLYING		TO FOR ER HOT OT	OMSEQUENCE O	The state of the s	lun	vei				
that resu	SE (Disease or injury initiated events titing in death) LAST  iii. Other algnificant c	L	to death but	1	V	orlying cau	use given in		I. WAS AN AUTO PERFORMED?		24b. WERE AUTOPS AVAILABLE PRICOMPLETION O OF DEATH?  1 U YES 2
1 27. M/	S CASE REFERRED TO ME CAMINER? YES 2 NO INNER OF DEATH	HOSPITAL: 11 Impatient 28e. OATE	2 CER/Outpeth	28b. TII				8 Other (Sp	ecity) BE HOW INJURY	Y OCCURED	
à 2 €	] outside	rtigation 28s. PLAC	CE OF INJURY -	At home form	M street factor		2 NO	284 LOCATIO	M (Street and M.	mhar or D.	ral Route Number,
₩ 4E	Suicide 8 Coul Homicide detar	d not be build	ling, etc. (Specify)	or motive, territ,	erreet, rector	, ornes		City or To	wn, State)	HINDER OF PILIF	er ryune Number,
	and only	NG PHYSICIAN: To the best									e(a) and manner a
TO BE COM	MATURE AND TITLE OF	CENTIFIER	44			290	LICENSE NU		29d.	DATE BIGN	IED (Month, Day, Yes
O 30. N/	your y	RSON WHO COMPLETED O	STAND	H (ITEM 27) (Type			Dal	545	•	12/2	692

BALLIMORE, MARTLAND	sours after death. Page 6 may be retained by the hos	ed in by the funeral director, page 5 should be detach ion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13140,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a flowrs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely high in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BABY Girl 1	Willer			- 74	2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF	<i>16</i>	9 Z	1PLACE (State or Foreign
NA	1 M 2 F	YRS.	MONTHS DAYS	HOURS MIN	(Month, Di	ny, Year) 16-92	MO	ry)
9a. FACILITY NAME (If not institution, give s		- Laure - a	9b. CITY, TOWN	OR LOCATION OF	DEATH		UNTY OF D	DEATH
1/11/00	Center 300	1. S. HAMOVER	Bath	MD			U.S.	na
10a. STATE 10b. COUNT	γ	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
NA	NA		11	7				LIMITS?
10e. STREET AND NUMBER			10	of. ZIP CODE	. =	10g. C	TIZEN OF	WHAT COUNTRY?
14			1.1.1.1	//	A		,	USA
11. MARIYAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EV	YES 2 NO		CENDENT OF HIS pecify Cuban, Mea		specify Yea or No-	14. BAC	American Indian,
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YE	S 2 NO Spe	ocity:		Spec	Black
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPAT	ION	18b. Kill	ND OF BUSINESS/II	NDUSTRY	
Elementery/Secondary (0-12)	College (1-4 or 8+)	ille. Do NOT us	ne retired.)				14	
NH	NI	10	177	-			17/	
17. FATHER'S NAME (First, Middle, Last)	- Thomas			16. MOTHER'S	NAME (First, Midd	lle, Malden Surname		
19a. INFORMANT'S NAME (Type/Print)	7-10170		ADDRESS (Street	and Number or Bu	VIA.	City or Town, State,	EN Carta	
Wanda Miller						n Burnie		1060
20e. METHOD OF DISPOSITION		20b. PLACE OF DISPOS				20c. LOCATION -		
1 Burial 2 Cremation 3 Rem 4 Donation 6 Donation	loval from State	other place)						
23 PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respi	AS A CONSEQUENCE OF	Fai	lure	,			Interval Batw Onset and Da
	EXT	eme +	to mai	turit	( A			3
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE OF	F):	1011 11	7			
CALIFE (Discours on Inlum)	DUE TO (OR	AS A CONSEQUENCE OF	F):					
CAUSE (Disease or injury that initiated events resulting in death) LAST	d							
that initiated events resulting in death) LAST	na contributing to date	ath but not resulting	in the underlyi	ng cause given	In Part I. 24	a. WAS AN AUTOPS	Y 24t	. WERE AUTOPSY FINDING
that initiated events	na contributing to da	ath but not resulting	in the underlyle	ng cause given		PERFORMED?	Y 24t	AVAILABLE PRIOR TO COMPLETION OF CAUSE
that initiated events resulting in death) LAST	na contributing to da	ath but not resulting	in the underlyle	ng cause given		OCDEODITEDO	Y 24t	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAST	na contributing to da	ath but not resulting	in the underlyle	ng cause given		PERFORMED?	Y 24t	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL		ath but not resulting	26. 1	ng cause given	1,	PERFORMED?	Y 24t	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that Initiated events resulting in death) LAST  PART II. Other algoriticant condition	HOSPITAL:		26. I OTHER:		(Check only one)	PERFORMED?  YES 2 NO	Y 24t	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
PART II. Other eignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	I/Outpatient 3 □ DOA URY 28b. TIM	26. I OTHER: 4  Nursing Ho E OF 28c. IN URY W	PLACE OF DEATH me 6 Residen IJURY AT	(Check only one)	PERFORMED?  YES 2 NO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation	HOSPITAL: 1 Inputent 2 EF 28a. DATE OF INJ (Month, Day.)	VOutpatient 3 DOA URY 28b. TIM thar)	28. I OTHER: 4   Nursing Ho E OF	PLACE OF DEATH me 6 Residen IJURY AT ORK? YES 2 NO	(Check only one)  ce 6  Other (S  28d. DESCR	PERFORMED? YES 2 NO Pecify) IBE HOW INJURY O	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 VES 2 NO
that initiated events resulting in death) LAST  PART II. Other algoriticant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 Inputent 2 EF 28a. DATE OF INJ (Month, Day.)	U/Outpatient 3 DOA  URY 26b. TIM (N.)  URY At home, farm,	28. I OTHER: 4   Nursing Ho E OF	PLACE OF DEATH me 6 Residen IJURY AT ORK? YES 2 NO	(Check only one)  ce 6  Other (S  28d. DESCR	PERFORMED? YES 2 NO	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 VES 2 NO
PART II. Other algniticant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER 1 PETTIFVING DAYS	HOSPITAL:  1 Vinpatient 2 Es. DATE OF INJ (Month, Day.)  28e. PLACE OF IND building, etc.	URY 26b. TIM INJ	26. I OTHER: 4   Nursing Ho E OF   28c. M W 1	PLACE OF DEATH me 6 Residen ijury at ork? YES 2 NO	(Check only one)  ce 6  Other (S  28d. DESCR  28f. LOCATIC City or 1	PERFORMED?  YES 2 NO  Pecify)  BE HOW INJURY Of the country of the	OCCURED ber or Rural	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 VES 2 NO
that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only)	HOSPITAL: 1 X Inpatient 2 = F  28s. DATE OF INI (Month, Day, 1)  28s. PLACE OF IN	URY 28b. TIM INJ	26. I OTHER: 4   Nursing Ho E OF   28c. M W 1   Intrest, factory, offi	PLACE OF DEATH  me 6 Residen  ijuny at TORK?  YES 2 NO	(Check only one)  26 Other (S  26d. DESCR  26f. LOCATIC City or 1	PERFORMED?  YES 2 NO  Pecify)  IBE HOW INJURY Of the control of th	DOCCURED Der or Rural stated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RELINEY 3001 S. HANOVER ST BATIMME



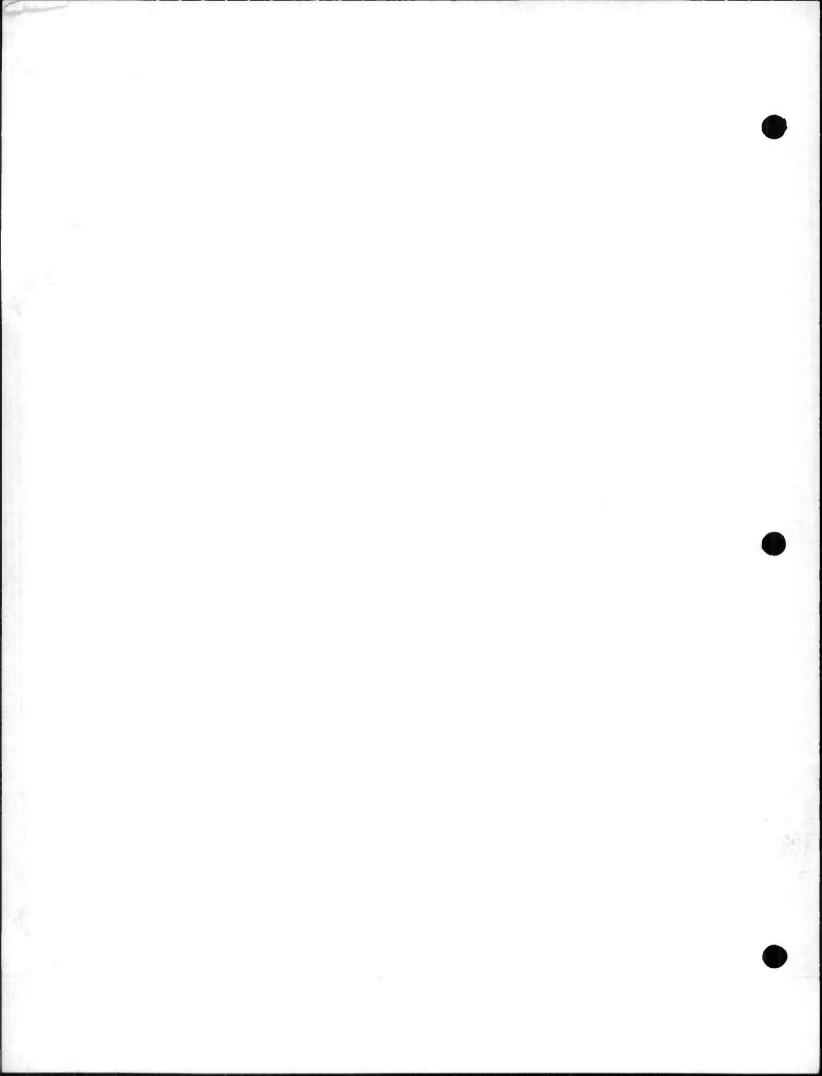
JAN 28 1993

HEGISTHAN		CERTIFIC		DEATH	REG. NO	).		
Chraces	Charles Nalan	HELLE	ZIER J	Er. JR	2. DATE OF DEATH	19 -9 YE	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 217-32-5794	5. SEX 6. AGE (In yr.	//	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan 22,	1938	Maryland	
9a. FACILITY NAME (If not institution, give Frederick Memo		96	Frede	PRIOCATION OF DE		9c. COUNTY (	DE DEATH lerick	
Frederick Memo	rederick		own on Local Freder				10d. INSIDE CITY LIMITS? 1 TYES 2 NO	
10a. STREET AND NUMBER 123 East Eight 11. MARITAL STATUS 1. Namer Married 2. Married	h Street		101	ZIP CODE	.701	10g. CITIZEN OF WHAT COUNTRY?		
3 Widowed WADIvorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 M YES 2 IF YES, GIVE WAR OR DATES 1957 196	3, _	If yes, sp	ENDENT OF HISPANI ocity Cuban, Mexican 2 NO Specify:	C ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed)	Give kind of work Me. Do NOT use no Salesman	done during mo	ON st of working		of Business/Industry		
17. FATHER'S NAME (First, Middle, Last) Charles Oland					E (First, Middle, Maiden lred Yinge	Surname)		
19a. INFORMANT'S NAME (Type/Print)	19b. MAILIND ADDRESS (Street and Number or Flural Flourin Number, City or Town, State, Zip Code)  Mrs. Mildred Y. Meitzler  19b. MAILIND ADDRESS (Street and Number or Flural Flourin Flourin Number, City or Town, State, Zip Code)  10b. MAILIND ADDRESS (Street and Number or Flural Flourin Flouri							
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	.C. Basfol	stav	22. NAME AF Keet 106	no address of factories and East Chude of dying, such	asford Fu crch St.,	neral H Frederi	Iome  Lok, Md. 21  Approximatinterval Bet Onset and if	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM  C  DUE TO (OR AS A COM  d	NSEQUENCE OF):			/ 1		/	
PART II. Other significant condition	ns contributing to death but n			g cause given in I	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINE MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 ND	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE DF DEATH (Che				
27. MANNER OF DEATH    10   10   10   10   10   10   10   1	28e. DATE DF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — A	28b. TIME O	M 1 🗆	RK? YES 2 NO	28d. DESCRIBE HOW I			
☐ 4 ☐ Homicide determined	building, etc. (Specify)				281. LOCATION (Street City or Town, State)	)	rai Houle Number,	
(Check only 2 MEDICAL EXAMIN	ER: On the basis of examination and						ree(s) and menner as ata	
29b. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON WI	er E. C	(ITEM 27) (Type, Pri	TR	29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)	
Dr. Casper E. C		, 300 W		th Stree	t, Freder	ick, Md	. 21701	
DEC 21 199								

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THE STREET AND NUMBER  105. CREATER AND NUMBER  107. POODE  107. AND DECEMBENT OF INSTANCE ORIGINE (Speechy Nat or No-PORCEST 1 1 1 1 NATIAL STATUS  107. Never Married 2 25 Married  108. NATE DECEMBENT OF INSTANCE, ORIGINE (Speechy Nat or No-PORCEST 1 1 1 1 NATIAL STATUS  108. Never Married 2 25 Married  109. PORCEST 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ital				R		
10. STRICET AND NUMBER   109, CRIZEN OF WHAT COLUMN   11. MANTAL STATUS   12. WAS DECEDENT EVER IN U.S. ANMED   12. WAS DECEDENT EVER IN U.S. ANMED   13. WAS DECEDENT OF ISSUANCE ORIGINE (Speechy No or In-Park II. MANTAL STATUS   13. WAS DECEDENT EVER IN U.S. ANMED   14. WAS DECEDENT OF ISSUANCE ORIGINE (Speechy No or In-Park II. MAKE, Anmen of Windows of 1. Original Column of the Column o				·····		ECEDENT	RESIDENCE OF DE	5		
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168. RECEIBNT'S EDUCATION   169. REPORT OF BUSINESSINGUISTRY   169. REPORT OF BUSINESSINGUISTICS   169. REPORT OF BUSINESSINGUISTRY   169. REPORT OF BUSINESSINGUISTICS   169. REPORT OF BUSI	I. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.)	AS DECENDENT OF HI yes, specify Cuben, Me		YES 2 THE	12. WAS DECEDENT E	Married	11. MARITAL STATUS 1 Never Married 2			
NUCLEAR PIPER NAME (First, Middle, Last)  TT. FATHER'S NAME (First, Middle, Last)  EMBOST MCCOL  TO. ROUNDAMY'S NAME (First, Middle, Malcon Suramy)  EMBOST MCCOL  TO. ROUNDAMY'S NAME (First, Middle, Malcon Suramy)  EMBOST MCCOL  TO. ROUNDAMY'S NAME (First, Middle, Malcon Suramy)  TO. ROUNDAMY'S NAME (First, Middle, Middle, Smith)  TO. BUST OF THE ROUNDAMY STAME (First, Middle, Smith)  TO. BUST OF THE ROUN	CONTINUE DE PROPERTIES	CHEATION	EDENT'S LICILAL		CATION					
NUCLEAR PIPING AND PRICE   Smith   Number   Press   Models, Marken Summer)	during most of working		kind of work done	/G	completed)	only highest grad	(Specify or	E		
Ethest McColl   196. MAILING ADDRESS (Street and Number or Fluxel Room Number City or Town, Stein, Ze Code)	iping designer   engineering/shipu	ing desig	lear pi	nu				AP		
The information is name (typerfried)    198. INFORMATIS NAME (typerfried)   205 Challedon Drive, Walkersville, Md. 2179   205 Challedon Drive, Walkersville, Md. 2179   206. PLACE Date Of Disposition (Name of 10 Clause)   206. PLACE OF DISPOSITION   DATE   206. LOCATION - City or Town, Stete consistency, cignificant conditions of 10 Clauses 1 Clause   Commission   Com		18. MOTHER'S		-				00		
Lorraine McColl   205 Challedon Drive, Walkersville, Md. 2179								BE		
12 Burlet 2   Cremetion 3   Removel from State					l		The state of the s	2		
22. NAME AND ADDRESS OF FACILITY  STAUFFER FUNERAL HOME, P.O. BOX 1  Frederick, Md. 21702  23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERIVING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  D	SITION /Name of DATE 20c LOCATION City of Town S	TION (Name of	D DATE OF DISPO	20b. PLACE	and town State			1 C Burtel 2		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final idease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	norial Gardens 12/92 Frederick Mo	מתחמ (אמת	von Mon	Rosth	iovai irom sume			- 11		
23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	norial Gardens 12/92 Frederick, Mo	AME AND ADDRESS O	ven Men	Resth		er (Specify)	4 Donation 5 Other			
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificant conditions  254. WAS AN AUTOPSY PERFORMED?  1	Norial Gardens 12/92 Frederick, Mo NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME, P.O. BOX Frederick, Md. 21702	STAUFFER Frederick	22	ner	Lenn	RAL SERVICE LI	4 Donation 5 Doth  21. SIGNATURE OF FUNER	1		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED  28d. DESCR	Norial Gardens 12/92 Frederick, Mo NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME, P.O. BOX Frederick, Md. 21702	STAUFFER Frederick	th. Do not ente	caused the de	complications that course that only one cause	AAL SERVICE LI Constitution of the constitution of the const	21. SIGNATURE OF FUNER  23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Norial Gardens 12/92 Frederick, Mo NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME, P.O. BOX Frederick, Md. 21702	STAUFFER Frederick	ih. Do not ente	caused the de e on each line	complications that c List only one cause  a. LO NO  DUE TO OR  DUE TO (OR	disease, or heart failure.	4 Donation 5 Other  21. SIGNATURE OF FUNER  23. PART I. Enter the shock, or included the sh	ERTIFICATION		
M 1 YES 2 NO    No continue	Inderlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  An orial Gardens   12/92 Frederick, Mo. 21702  Frederick, Md. 21702  Or the mode of dying, such as cardiac or respiratory arrest,	AME AND ADDRESS O STAUFFER Frederick the mode of dying,	th. Do not ente	CALLED TO BE AS A CONSECURA S	complications that c List only one cause a	diseases, or heart failure.	4 Donation 5 Other 21. SIGNATURE OF FUNER 22. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condit if any, leading to Imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA:  PART II. Other algnific	AL CE		
M 1 YES 2 NO    No continue	inderlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO COMO OF D.	AME AND ADDRESS O STAUFFER Frederick the mode of dying,	th. Do not ente	CALLED TO BE AS A CONSECURA S	complications that c List only one cause a	diseases, or heart failure.	4 Donation 5 Other 21. SIGNATURE OF FUNER 22. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condit if any, leading to Imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA:  PART II. Other algnific	MEDICAL CE		
Second continued   Second cont	Inderlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 07 DEATH (Check only one)	AME AND ADDRESS O STAUFFER Frederick the mode of dying, lerlying cause given 28. PLACE OF DEATH	22  ith. Do not enter  ENCE OF):  ENCE OF):  Suiting in the u	Caused the de e on each line  AS A CONSECUTOR	complications that claim only one cause  a. Lot put to one b. Due to one c. Due to one d. Due to one has contributing to de	diseases, or heart failure.  Final  Hitlons, heddate ying signly ury  List Condition	4 Donation 5 Other  21. SIGNATURE OF FUNER  23. PART I. Enter the shock, or included the sh	MEDICAL CE		
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Num City or Town, State)	Inderlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 0 F DEATH (Check only one)  1 Part I. 25a. WAS AN AUTOPSY PERFORMED?  26. PLACE OF DEATH (Check only one)  1 Sec. WAS AN AUTOPSY PERFORMED?  27a. WAS AN AUTOPSY PERFORMED?  27a. WAS AN AUTOPSY PERFORMED?  27a. WAS AN AUTOPSY PERFORMED?  27a. WAS AN AUTOPSY PERFORMED?  27b. WES 2 NO 0 F DEATH (Check only one)  27c. PLACE OF DEATH (Check only one)	AME AND ADDRESS O STAUFFER Frederick the mode of dying, lerlying cause giver 26. PLACE OF DEATH: ing Home 5  Residen	22  th. Do not ente  (V  ENCE OF):  ENCE OF):  Sulting in the u  DOA 4   Nu	Caused the de a on each line on each line on each line on each line on each line on each line on each line on each line on each but not reach but not reach but not reach line on each line of each line on each line	CENSEE  Complications that c List only one cause  a. DUE TO OI  b. DUE TO (OI  d. DUE TO (OI  d. HOSPITAL: 1   Inpatient 2   E	diseases, or heart failure.  Final  Hitlons, heddate ying signly ury  List Condition	4 Donation 5 Other  21. SIGNATURE OF FUNER  23. PART I. Enter the shock, or shock, or shock, or resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other algnific  PART II. Other algnific  ENAMINER?  1 YES 2 NO	MEDICAL CE		
290. CERTIFIER A CASESTATIVE SUPERIOR STATE OF THE STATE	Inderlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO COMMON OF D.  25. PLACE OF DEATH (Check only one)  12. PLACE OF DEATH (Check only one)  12. PLACE OF DEATH (Check only one)  13. PLACE OF DEATH (Check only one)  14. PLACE OF DEATH (Check only one)  15. PLACE OF DEATH (Check only one)  16. PLACE OF DEATH (Check only one)  17. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)	AME AND ADDRESS O STAUFFER Frederick the mode of dying, the mode of dying, lerlying cause giver 26. PLACE OF DEATH 19 Home 5   Resider 28c. INJURY AT WORKY	22 th. Do not ente  LV HENCE OF):  HENCE OF):  DOA OTHE DOA OTHE DOA OTHE	Caused the de a on each line  CANCER  PRAS A CONSECUTOR AS A C	DUE TO (OI  d. HOSPITAL: 1   Inpetent 2   E88. DATE OF IN.	diseases, or heart failure.  Final  Hitlons, heddate ying glury  UST  TO MEDICAL  Pending	4 Donation 5 Other  21. SIGNATURE OF FUNER  23. PART I. Enter the shock, or included in	PHYSICIAN: MEDICAL CE		
See. Certifrier (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2  MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and man	Inderlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. PLACE OF DEATH (Check only one)  12. PLACE OF DEATH (Check only one)  13. PLACE OF DEATH (Check only one)  14. PLACE OF DEATH (Check only one)  26. INJURY AT WORK?  1 YES 2 NO  27. LOCATION (Street and Number or Rural Route Note)  28. LOCATION (Street and Number or Rural Route Note)  28. LOCATION (Street and Number or Rural Route Note)	AME AND ADDRESS O STAUFFER Frederick the mode of dying, the mode of dying,  lerlying cause giver  26. PLACE OF DEATH : ng Home 5   Resider 28c. INJURY AT WORKY 1   YES 2   NO	22  th. Do not enter  LENCE OF):  ENCE OF):  ENCE OF):  DOA OTHE  DOA OTHE HUJURY M	Caused the de e on each line on each line AS A CONSECUTOR AS A	DUE TO (OI  DUE TO	diseases, or heart failure.  diseases, or heart failure.  distance to diseases, or heart failure.  diseases, or heart failure.  diseases, or heart failure.  To mediate ying gipury  as T  To medical  Pending investigation  Could not be	4 Donation 5 Other  21. SIGNATURE OF FUNER  22. PART I. Enter the shock, or I  IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list condiff any, leading to immeause. Enter UNDERLY CAUSE (Disease or In that initiated events resulting in death) LA:  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Metural 5 2  Accident  3 Suicide 6	BY PHYSICIAN: MEDICAL CE		
	Inderlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. PLACE OF DEATH (Check only one)  18. Insign Home 5 Residence 6 Other (Specify)  26. INJURY AT NORTH 26d. DESCRIBE HOW INJURY OCCURED  27. INJURY AT City or Town, State)  28. LOCATION (Street and Number or Rural Route North, State)	Interpretation of the mode of dying, the mode of dying, the mode of dying, the mode of dying, the mode of dying, the mode of dying, the mode of dying, the mode of dying, the mode of dying, the mode of dying, and the mode of dying, the mode o	22  th. Do not enter  ENCE OF):  ENCE OF):  ENCE OF):  ENCE OF):  A OTHER  DOA 4   Nu 26b. TIME OF ENJURY M  F, farm, street, fac	Caused the de a on each line a on each line as a consecutive as a consecut	DUE TO (OI  DUE TO	er (Specify)  RAL SERVICE LI  diseases, or heart failure.  Final  litions, sediate ying growth and condition of the condition	23. PART I. Enter the shock, or shock, or shock, or shock, or shock, or resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other algnific Endeath LA:  PART II. Other algnific Endeath LA:  25. WAS CASE REFERRED EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Matural 5 Suicide 6 Suicident 3 Suicide 6 Suicident 1 Certifier Check only 1 CERTIFIER CERTIFIER CERTIFIER	ETED BY PHYSICIAN: MEDICAL CE		
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attending physician and completely filled in by the funeral director, page 5 should be

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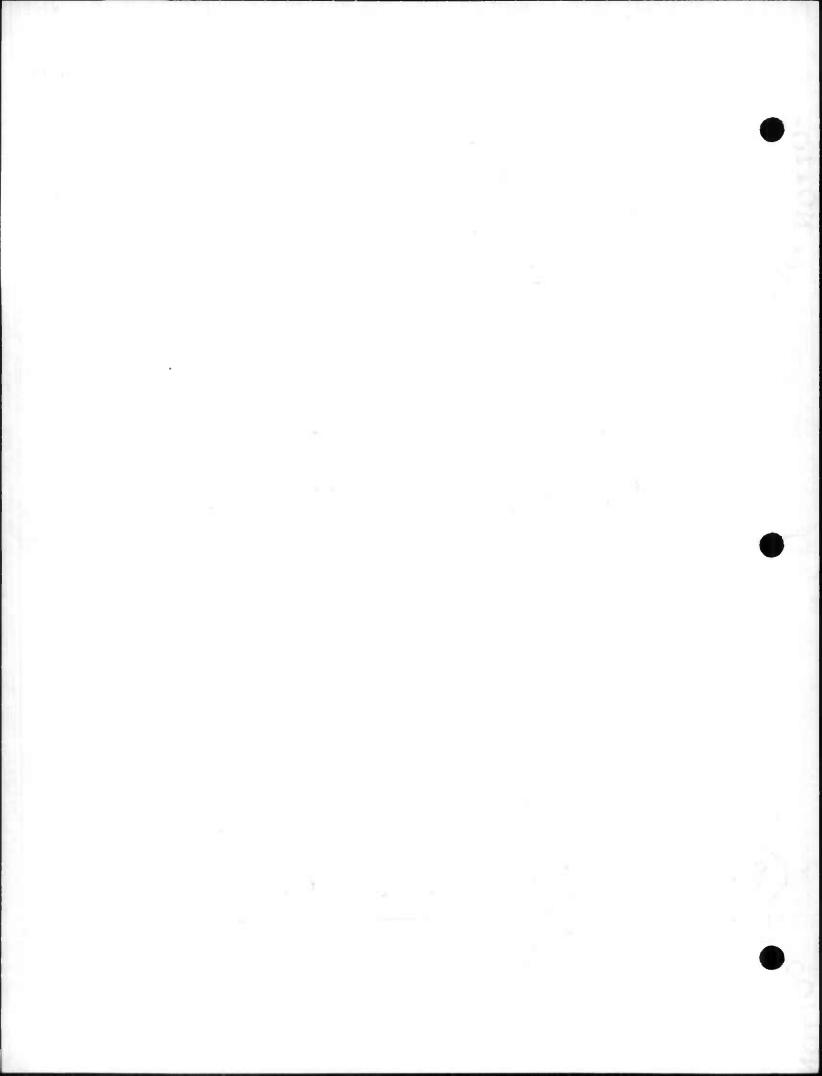
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DIVISION OF VITAL RECORDS, P.O. BOX 6876	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
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DIVISION	OR ATTENDING PH
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 29 92 7:29 M ALICE M. MARSHALL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year MAY 25, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-42-4645 1 M 2 F YRS 50 NEW YORK 1942 Sa. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGE ' S CHEVERLY GEORGE'S HOSPITAL CENTER 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND HARWOOD 1 X YES 2 | NO Anne Arundel FUNERAL 101. ZIP CODE 4757 SANDS ROAD 20776 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 11th College (1-4 or 5+) DOMESTIC PVT, once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WALTER PARRISH 76 MARY FORD BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELTON D. MARSHALL 4757 SANDS RD. HARWOOD, MARYLAND 20776 3 20e. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must "RESURRECTION" CEMETERY CLINION, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
J.B. JENKINS FUNERAL HOME 7474 LANDOVER RD. LANDOVER, MD 20785 event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition \_\_\_\_\_\_\_ OR AS A CONSEQUENCE OF): Sme carda traumatic CERTIFICATION Sequentially list conditions, DUE TO/OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL amy 1 TES 2 NG Shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem **EXAMINER?** OTHER: 1 TYES 2 NO netient 2 - ER/Outpetient 3 - DOA me 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined BE COMPLETED 28 4 🗌 Homicide Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, de occured at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Mush), Day, 121 29 non 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 1993 32. REGISTRAR'S SIGNATURE Pandall

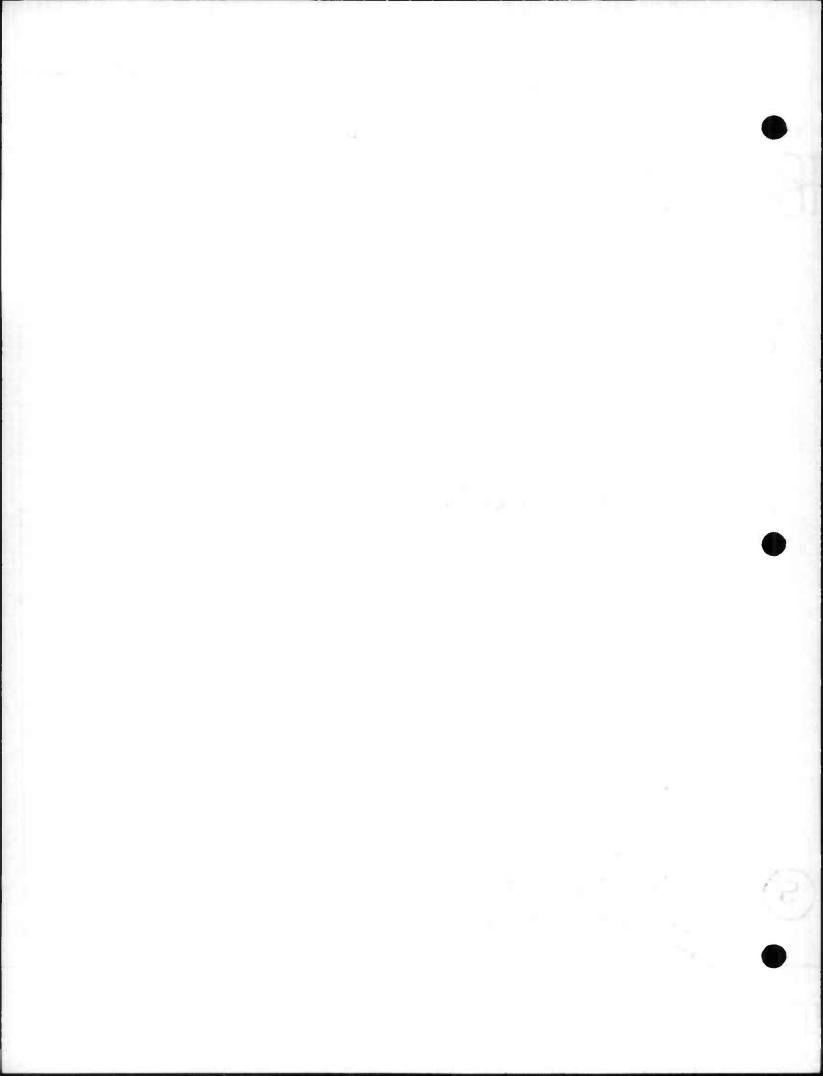


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١	TO THE PLANTAR OF ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be n	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no

DEC 2 9 1992

Vavidson-Randell

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1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEI CERT	PARTMENT	OF H	EALTH AND	MENTAL	HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle, Las	")				DEATH	2. DATE O	F DEATH			3. TIME OF DEATH	
PAUL	R.	A	JUNNAL	LY		12	28°	1	992	3:15 A	1
4. SOCIAL SECURITY NUMBER 579–92–9097	5. SEX 6.	AGE (In yrs. lest birthe	MONTHE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Day, Year)	77	Countr	PLACE (State or Foreign) Sh. D. C.	n
8a. FACILITY NAME (If not institution, give ROUTE #95 NOT	,	LAND RD	1.5	TLA	ND			4.00	INTY OF D		S
ROUTE #95 NOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Pri	nce George		Et Wa		on ngton					10d. INSIDE CITY LIMITS? 1 YES 2 NO	_
	ane			101.	ZIP CODE 20744			10g. CIT	USA	WHAT COUNTRY?	
10e. STREET AND NUMBER 12816 Pinetree I  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 NO	14	yes, spe	ENDENT OF HISPAI city Cuben, Mexica 2 XNO Specif	in, Puerto Ric		or No-	14. RACE Black	— American Indian, White, etc.	_
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 10th 17. FATHER'S NAME (First, Middle, Lest)	UCATION de completed) College (1-4 or 8+)	16a. DECEDEI (Give kind Illa. Do Ni	NT'S USUAL OC d of work done d OT use retired.)	uring mos	N t of working	16b. K	PVT				_
17. FATHER'S NAME (First, Middle, Lest) PAUL . MILES					18. MOTHER'S NA LINI	DA NU	idle, Melden	Sumame)			
19a. INFORMANT'S NAME (Type/Print) ELOISE BOWER	S				LANE FI						_
20c, METHOD OF DISPOSITION  \$14 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND DA	ATE OF DISPOSI	TION (Nar	ne of	12-31	20c. LO	CATION -	City or To	ARYLAND	
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE BILL	2 Vto	22. N	IAME AN	B. JENKI LANDOVE	NS FU	NERAI	HOM	Œ		
23. PART I. Enter the disease, or shock, or heart felium IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause	on each fine.		une moc	e or dying, suc	n as cardia	c or resp	iratory ar	rest,	Approximate Interval Betwoonset and De	
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSEQUENCE	DE OF):								_
PART II. Other significent condition	done contributing to de	eth but not result	ing in the und	derlying	cause given in	Part I. 2	4a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDI	NGS
							PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 XYES 2 NO	Æ
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 X YES 2 NO	HOSPITAL:	3/Outpatient 3 □ DC	OTHER	:	ACE OF DEATH (Ch		Daniel I				_
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	280. DATE OF INJ (Month, Day, 1 12-28-	10RY 28b. 1992 1:	TIME OF INJURY 29 AM	28c. INJU WOF 1   Y	RY AT	PEDI	ESTR	IAN	STR		U
3 Suicide 4 Homicide  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMI	building, etc.	JURY — At home, fa (Specify) HIGHV		ry, office		28f. LOCAT City or ROU!	Town, State)	95 &		ITLAND F	ic
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Nonald A U	) right MD				O.C.M.					(Month, Day, Year) 8 - 1992	
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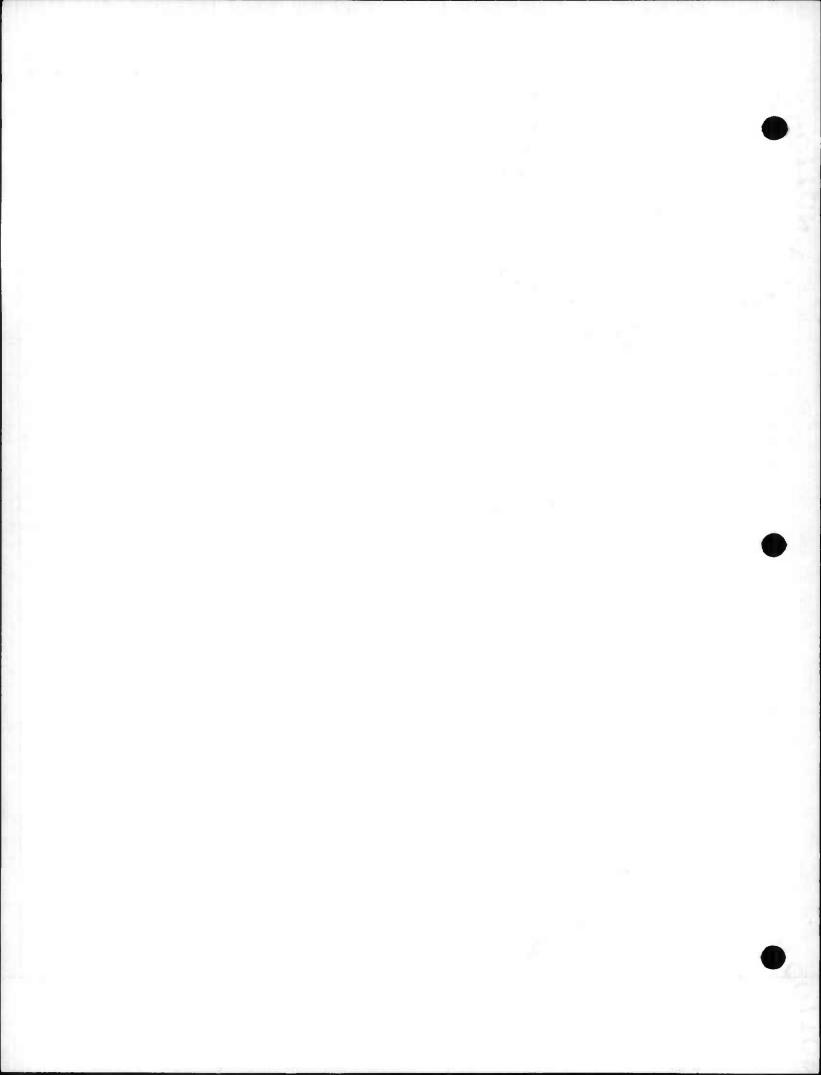


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e funeral di il. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENS  Donald	EE LOOM OF	2181	,		Box 181				217	02
een signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages of Health and Mental Hygiene prior to bunal, cremation, or remonal.  Shows any Injury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause o	n each line	•					ratory arrest		Approximate Interval Between Onset and Death
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to the Public be filed within IMPORTANT:	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	21	m)			PIYE	WBER		P / Z	SNED (Mo	orth, Day, Year)
4		30. NAME AND ADDRESS OF PERSON WHO CO	. /. /		1.1	7 64	56-1	=~~	dro	65 1	141	21701
		31. DATE FILED (Month Day New) 2 8 19	32. REGISTRAR'S S 92 Julia	SIGNATURE Davidson	r-Pand	lette						

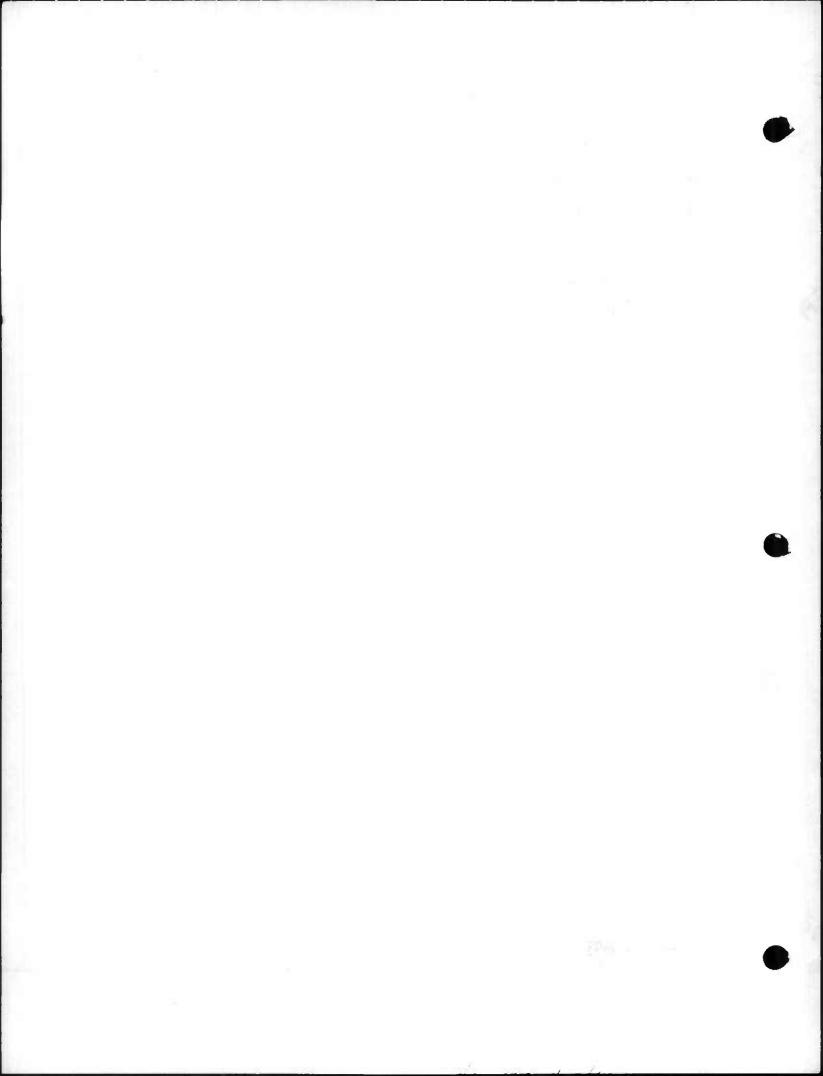
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTME CERTIFICA			MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Roger		OLAN III			2. DATE OF DEATH MONTH 10/25/9	н	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER infant	5. SEX 6. AGI		IDER 1 YEAR	IF UNDER 24 HRS. HOURS IMM. 2 21	7. DATE OF BIRTH (Month, Day, Yea 10/25/9	0 8.	3:45 am. M BIRTHPLACE (State or Foreign Country) MD
TOR	sa. FACILITY NAME (If not institution, Franklin Square RESIDENCE OF DECEDEN	Hospital Cent		timor	PR LOCATION OF DE	ATH	111	of DEATH timore
DIRECTOR	10a. STATE 10b. Co	ounty altimore	Baltin		TION			10d. INSIDE CITY LIMITS?  1) (X) YES 2   NO
FUNERAL	100. STREET AND NUMBER 9000 Franklin							
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	S 2 NO	13. WAS DEC	ENDENT OF HISPAN ecity Cuban, Mexica 2 DNO Specify	n, Puerto Rican, etc.	)	N. RACE — American Indian, Black, White, etc. Specify: Dlack
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) infa	grade completed)  College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin infant	ne durina ma	ON st of working	16b. KIND OF	BUSINESS/INDUS	
80	17. FATHER'S NAME (First, Middle, Les		Intanc		18. MOTHER'S NA	ME (First, Middle, Ma	iden Sumame)	
BE C	Roger William	n Nolan			Anjanet	te Tanya	Delores	Dunnock
10	19a, INFORMANT'S NAME (Type/Print)		196. MAILING ADDR	ESS (Street s	nd Number or Rural F	Route Number, City or	Yown, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 C 4 Donation 5 X Other (\$560)	Removal from State	ob. PLACE AND DATE OF DIS emptery_crematory or other-old ital Frankl:	POSITION (NE CE) Squ	<sub>lare</sub>		LOCATION — CH altimore	
	21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE		22. NAME AI	ID ADDRESS OF FA	CILITY		
~	23. PART I. Enter the diseases shock, or heart fel IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. non-viabl	each line.	ter the mo	de of dying, suci	n as cardiac or n	espiratory arres	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant cond	ditiona contributing to death	but not resulting in the	underlyin	g cause given in	PER	AN AUTOPSY FORMED? S 2 K) NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDIC	AL .		24 01	105.05.05.05.05			
딣	EXAMINER?  1 YES 2 NOTE	HOSPITAL:		IER:	ACE OF DEATH (Che			
Ë	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	28c. INJ	• 5 Residence	8 U Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUP	RED
à l	1 Natural 5 Pending 2 Accident Investiga 3 Suicide 6 Could or	N/A 28e. PLACE OF INJUR	iY — At home, farm, street.	1 🗆 1	RK? /ES 2 NO			Rural Route Number,
ETEO	4 Homicide determin	building, atc. (Sp	ectfy)	,,		City or Town, S	late)	The Proof Various,
COMPLETED		PHYSICIAN: To the best of my kno AMINER: On the basis of sxaminati						
W	Melwood		tous		29c, LICENSE NUM			HGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSO	H MANO COMPLETE	1		0720	-1	1/1	(4/7)



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Zariours after death. Page 6 may be retained by the hospital or attending phy

TO THE BOSPITALOR OF VITAL RECORDS, P.O. BOX 68760,

TO THE BOSPITALOR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 5-fours after death. Page 6 may be retained by the hospital or attending physician.

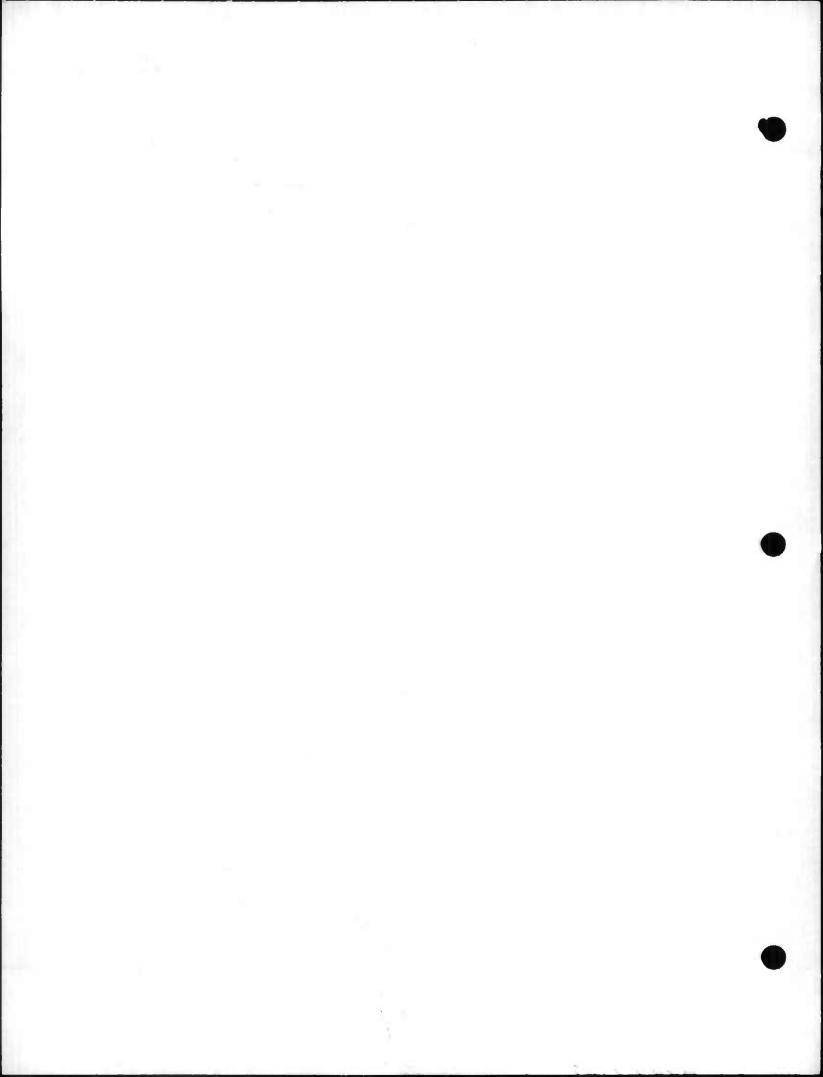
TO THE BUSPITALOR ATTENDING PHYSICIAN: The law requires that the death cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

\*\*MARINIAN TABLE AND STATE AND STATE OF THE ADDITION OF THE PROPERTY OF THE ADDITION OF T

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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIEN	
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH	YAC

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEAT								2 TIME OF DEATH				
1								YEAR					
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las	it birthday)	IE LINDE	R 1 YEAR	g inne	R 24 HRS.	7. DATE OF BIRTH	1992	B DIDTL	6:57 A M
	377-12-943	16_A	1   M 2   F			MONTHS DA		HOURS	MIN.	(Month, Day, Year)	1000	Country	V)
	9a. FACILITY NAME (If not is		at 017		Aug. 11, 1					orgia			
000	2213 Steuben Avenue											NTY OF D	
16		2213 Steuben Avenue						ashi	ngto	n	Pri	nce	Georges
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION				1	10d, INSIDE CITY
100	Maryland	Prince	Georges	3	Fo	ort V	Jash:	ingt	on				LIMITS?
4	10e. STREET AND NUMBER							f. ZIP COD			10g. CIT	IZEN OF W	MAT COUNTRY?
FUNERAL	2213 Ste	then	Avenue					20	744		IIn	itad	States
3	11. MARITAL STATUS	aben .	12. WAS DECEDER	T EVER IN U.S. AF		13.	WAS DEC	ENDENT	OF HISPAI	NIC ORIGIN? (Specify Ye		_	- American Indian,
	1 Never Married 2			I 🗌 YES 2 🔯 I	40		If yes, sp	ecify Cub	en, Mexica Specif	in, Puerto Rican, etc.)		Black Speck	i, White, etc.
BY	3 Widowed 4 Div	broad						- (21	Ороси	,			an American
딢		EDENT'S EDU			CEDENT'S				ina	16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (	7	College (1-4 or 5		Do NOT u	se retired.)	Unitary III.	or work	" "y				
₹ E			4		Re	tire	ed						
COMPLETED	17. FATHER'S NAME (First, A	fiddle, Last)					The state of	18. MOT	HER'S NA	ME (First, Middle, Maider	Sumame)		
5 m	Robert Jon							Ire	ene J	Jones			
TO BE	19a. INFORMANT'S NAME (	Type/Print)		19	b. MAILING	ADDRES	S (Street I	and Numbe	or or Rural	Route Number, City or Tov	vn, State, Zij	Code)	
	Dorothy Ni			22	213 8	teuk	oen A	Avenu	ue, E	Fort Washi	ngton	, Ma	rylandh
190	20a. METHOD OF DISPOSIT	TON on 3 □ Rem	oval from State	20b. PLACE . cemetery, cre				ame of		OATE 20c. LC	OCATION -	City or To	wn, State
Ē	4 Donation 5 Other	(Specify)		Washing	ton N	lation	nal Ce			1/5/93 Suit]	and, I	Maryla	and
examiner	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1					ESS OF FA				
	John	/	XTou	mat 1	1/				eral :	nome d.N.E.Wa	ala da sa sa sa	D	0
200	23. PART I. Enter the d	liseases, Dr	complications the	at caused the de	ath. Do	not ente	r the mo	de of dy	Ing. suc	h as cardiac or resp	Iratory ar	reat.	Approximate
	shock, or h	eart fallure.	List only one car	use on each line	).			2-070					Interval Between Onset and Death
5	disease or condition	nai	41200	7-10	1.16	MA-	200	~./^	-6.1	10 0.5	- 1	_	Oliset and Dead!
E .	resulting in death)		DUE TO	(OR AS A CONSE	QUENCE O	FI:	CDA	OVA	2 20/	LATE DISE	-45 E		MANY YEAR
2 2			GEN	ERAL I	7.60	1	2.00	e RI	05	CLEROS	25		MANVVOARS
CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CONSE	QUENCE O	F):	,		- (				INTO TARACT
3	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	٥.										
E	that initiated events	<i>'</i>	DUE TO	(OR AS A CONSE	QUENCE O	F):							
H	resulting in death) LAS	" (	d										
	PART II. Other significa	int condition	a contributing to	death but not i	esulting	In the u	nderivin	a cause	alven in	Part I. 24e, WAS AN	ALITTOREY	1 245	WERE AUTOPSY FINDINGS
MEDICAL			BSTR						CA	PERFO	RMED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
			123110	JULIANE.	- A & T	070	4	0	30-76	1 TES	2 TA NO		OF DEATH?
2													1 TYES 2 NO
AN: N	25. WAS CASE REFERRED 1	O MEDICAL					20 0	ACE OF I	DE ATAL 404				
PHYSICIAN:	EXAMINER?	O MILDIONE	HOSPITAL:	-1		OTHE	R:	-		eck anly one)			
=   ×	27. MANNER OF DEATH		28a, DATE OF	ER/Outpatient 3	28b, TIN		28c. INJ		lesidence	6 Other (Specify)	M M M M O O	OU INCO	
		Pending	(Month, E			PURY	WC	PHK?	7 200	28d. DEŞCRIBE NOW	INJURY OC	CURED	
B	2 Accident	Investigation	28a PLACE (	NE IN HIRV At he	me form	etmost for		YES 2	NO	***   0.047/04/ /0			
ED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								loute Number,				
LET L	W 20- CESTURED												
<u> </u>	29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
E COM	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated,							) and manner as stated.					
BE	296. SIGNATURE AND TITLE	OF CENTIFIE	(1)	~				29c. LIC	ENSE NUI	WBER	29d. DAT	E SIGNEO	(Month, Day, Year)
10	Type	ser.	Jaco.	EME /	nce	)		DO	14	-118	1	-4	-93
-	30. NAME AND ADDRESS O	F PERSON WH	Q COMPLETEO CAU	SE OF DEATH (ITE	M 27) (Type	Print)	2			00		/	
	90	18	KENN	FEDY S AR'S SIGNATURE, Davidson-1	7./	U.CV	-	WA	514	- DC-	20.	011	
	31. DATE FILED (Month, Day,		32. REGISTRA	AR'S SIGNATURE	0	00							
1	17/11/0	5 1993	Carra	, Davidson-1	Varior								



	1 - STATE REGISTRAR	STATE OF MARY	LAND / D	EPARTMEN RTIFICAT	T OF HEALTH AND OF DEATH	ID MENT	AL HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Lest) Florence	Nail1	OGLE	3		Dec	TE OF DEATH DY992	YEAR	3:30 PM		
	4. SOCIAL SECURITY NUMBER 212-24-3351	1 - M 2 K F 64	(In yrs. leet b	VRS. IF UND	R 1 YEAR IF UNDER 24 H	PRS. 7. DAT	re of Birth orth, Pay, Year)	8. BIRTHPL Country) Mary	ACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give  Meridian Nursi  RESIDENCE OF DECEDENT			9b. CI	CITY, TOWN OR LOCATION OF DEATH  Frederick  9c. COUNTY OF DEATH  Frederick						
DIREC	10a. STATE 10b. COUNT	10a. STATE 10b. COUNTY						od. INSIDE CITY LIMITS?  X YES 2 NO			
IERAL	100. STREET AND NUMBER 610 Biggs A							U.S.A.			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO	ED 13	. WAS DECENDENT OF HI If yes, specify Cuban, M 1 YES 2 NO S	exicen, Puert	GIN? (Specify Yes or No— o Ricen, etc.)	14. RACE - Bleck, V Specify; Whi	- American Indien, White, etc.		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Specify (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 25+)  Cashie					UAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY done during most of working elited.)				
BE CON	17. FATHER'S NAME (First, Middle, Lest)  Norman E. 1	Naill			18. МОТНЕЯ: Ма	s NAME (First	, Middle, Maiden Surneme)				
2	Mr. Edward B. Og.	le	19b. A	AAILING ADDRES	S (Street and Number or F	Fred	mber, City or Town, State, Zip lerick, Md.	21702	2		
	20e. METHOD OF DISPOSITION 1	noval from State	b. PLACE AND	DATEOF DISPO	enatory Dec	24,	1992 Smith	Sburg	State Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	MO02	255 F	NAME AND ADDRESS OF CHEENEY and	Basfo	rd P.A. Fund	eral	Home		
CENTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A OUE TO (OR AS A	C & L A CONSEQUE	ENCE OF):	ARCINOHA				Approximate Intervel Between Onset and Death		
T COLON	PART II. Other significent condition	ne contributing to death b	but not reculting in the underlying cause given in I			in Part i.	Part I. 24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 No		ERE AUTOPSY FINDINGS RILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
THE SIGNAL.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	notions 2 🗆	ОТИЕ							
	27. MANNER OF DEATN  1 Natural 5 Pending	26a. OATE OF INJURY (Month, Day, Year)		6b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	26d. O	ESCRIBE NOW INJURY OCCU	JRED			
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	/ — At home,	term, street, fec		261. LO	CATION (Street and Number of Yor Town, State)	r Rural Rout	e Number,		
SOUTH FEILED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS	ICIAN: To the best of my know	rledge, death	occurred at the	time, data and place, and	due to the c	euse(a) and manner ea state	d.			
	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	mil (	,	40.	29c. LICENSE		29d. DATE		onth, Day, Year)		
	Dr. George I	Smith Jr.	MD	300 Wes	t Ninth St	., Fr	ederick, Md.	. 217	01		

		a certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place 1. 2. 3 should		
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	within 2	pletely 1	crematio	ent, th
	pecuted	mod bri	burial,	atic ev
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	certifica	ding ph	tygiene	r other
	e death	ne atten	Wental h	lury, o
	that th	ed by th	th and I	any in
	MISCORE THE ISM requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	en sign	of Heat	id, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	WE ISW	# has b	· Dept.	m 23
	CIAN: T	ertificati	the Stat	or He
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	TENDIN	DR: Atta	ther dea	10 to 10
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BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	REGISTRAR		C	ERTIF	ICATE	OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF	OEATH		:	3. TIME OF GEATH
	Joseph F. Perre	11"						2. DATE OF	C. 9	7, 19	992	6:44P
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. le.	of hirthday)	IF UNDER	1 VEAR	IF UNDER 24 HRS.	7. DATE OF	DIOTH	,		
					MONTHS	DAYS	HOURS MIN.	/Month, D	ily, Yber)		Country)	
	578-30-6268	1 🔀 M 2 🗆 F	64	YRS.				Feb.	11,	1928	Wash	ington DC
	Se. FACILITY NAME (If not institution, give si	treet and number)			9b. CITY	TOWN (	OR LOCATION OF	DEATH			NTY OF DEA	
E	Doctors Hospital				Lat	nham				Drie	naa C	oorgo la
DIRECTOR	RESIDENCE OF DECEDENT				Lai	man	·			LILL	ice G	eorge's
Ĭ I	10a. STATE 10b. COUNTY	7		10c. CIT	Y, TOWN C	OR LOCA	TION				1	10d. INSIDE CITY
<u> </u>	Manyland Duine	0 0 1			1.							LIMITS?
		e George'	8	Lan	nam							1 YES 2XXNO
FUNERAL	10e. STREET AND NUMBER					10:	. ZIP CODE			10g. CITI	ZEN OF WH	SAT COUNTRY?
ii l	6917 Elbrook Rd.						20706			Unit	· ed	States
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT OF HISPA	NIC OBIGIN?	Concilly Voc			
_	1 Never Married 2 Merried	FORCES? 1	YES 2 😿	NO		If yes, sp	ecify Cuben, Maxic	en, Puerto Rica	n, etc.)		Black,	- American Indian, White, atc.
E G	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR OATES		1	I 🔲 YES	2 NO Spec	lfy:			Specify:	White
	45 050505050505050					-						WILLE
ш	15. OECEDENT'S EDUC (Specify only highest grade		(0	ECEDENT'S	work done		ON ast of working	16b. KI	NO OF BUS	SINESS/IND	USTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5+	) Hie	. Do NOT us	se retired.)							
<u> </u>	12		Ma	rket	ing I	Repr	esentati	ive M	aili	ng Se	ervic	e
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTNER'S N					
	Leonard F. Perre	11					Virgini			ourner, e		
<b>H</b>		1.1							2			
0	19e. INFORMANT'S NAME (Type/Print)		19				and Number or Rura				Code)	
- [	Catherine I. Peri	rell		6917	E1b <sub>1</sub>	rook	Rd. Lar	ham, M	d. 2	0706		
	20a, METHOD OF DISPOSITION		20b. PLACE		-	-		DATE			City or Town	- State
	1 M Buriel 2 ☐ Cremation 3 ☐ Reme 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cemetery, cri	ematory or o	ther place)			1				
	21. SIGNATURE OF FUNERAL SERVICEALD	A. A.	Fort	Linc				12/21	Bre	ntwoo	od, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICIALIO	ENSEE	//		22. F	NAME A	Lincoln	ACILITY	1 110	I	Γ 0	
1	<b>&gt;</b>	1.14	224	>								
	23. PART I. Enter the diseases, or o	1/6			34	+0T	Bladenst	ourg Rd	. Br	entwo	ood, l	Md. 20722
CERTIFICATION	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. SUE TO	OR AS A CONSE	OUENCE O	F): F):		H /h	2,000				
1		d										
۱:	PART II. Other significent condition	s contributing to	death but not	regulting.	in the	dodista	t-	Deat In			1	1
SICIAN: MEDICAL						Gerrym	y cause given ii		PERFOR	MED?	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
4	25. WAS CASE REFERRED TO MEDICAL					3e Pi	ACE OF DEATH (C	beat ast:				
2	EXAMINER?	HOSPITAL: ,,			OTHER		ACE OF DEATH (C	neck only one;				
2	1 TES 2 TONO	1 Inpatient 2	ER/Outpatient 3	□ DOA	4 🗆 Nun		e 5 Pasidence	6 Other (S	pecify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY	28b. TIM		26c. INJ	URY AT	28d. DESCR	BE NOW I	NJURY OCC	CURED	
	1 Netural 5 Pending	(MONIN, De	y, rear)	INJ	IURY M		RK? /ES 2 NO					
ã	2 Accident Investigation	20a PLACE OF	INJURY — A1 ho	1								
9	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	me, mm,	street, fact	ory, offic	•	281. LOCATIO	on (Street e own, State)	ind Number	or Rural Rou	ite Number,
	Tomicae Grammed											
J 11	29a, CERTIFIER 16 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge de	ath occurs	ad at the S	me dete	and place, and du	de the second				
L E												
3	2 MEDICAL EXAMINE	T. OII (III GABLE OI GA	armination and/or	IIIvestigatio	m, in my o	pinion, a	eath occured at the	e time, date and	l place, an	d due to the	e ceuse(e) e	ind menner as stated.
	296. SIGNATURE AND TIME OF CERTIFIER	ł					29c. LICENSE NU	MBER		29d. DATE	E SIGNED (	Aonth, Dev. Year)
0	Janes						119	U.31			16/1	Da.
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED ONLIN	E OF DEATH #==	M an a	Orine			7 41			141	sin
	Frank M.B	yan M.	D. G	130	100	)	Hill	1 0	ten	Ki	1/ 2	0745
	31. DATE FILED (Month, Day, Year)	32. REGISTRA		la .		-						
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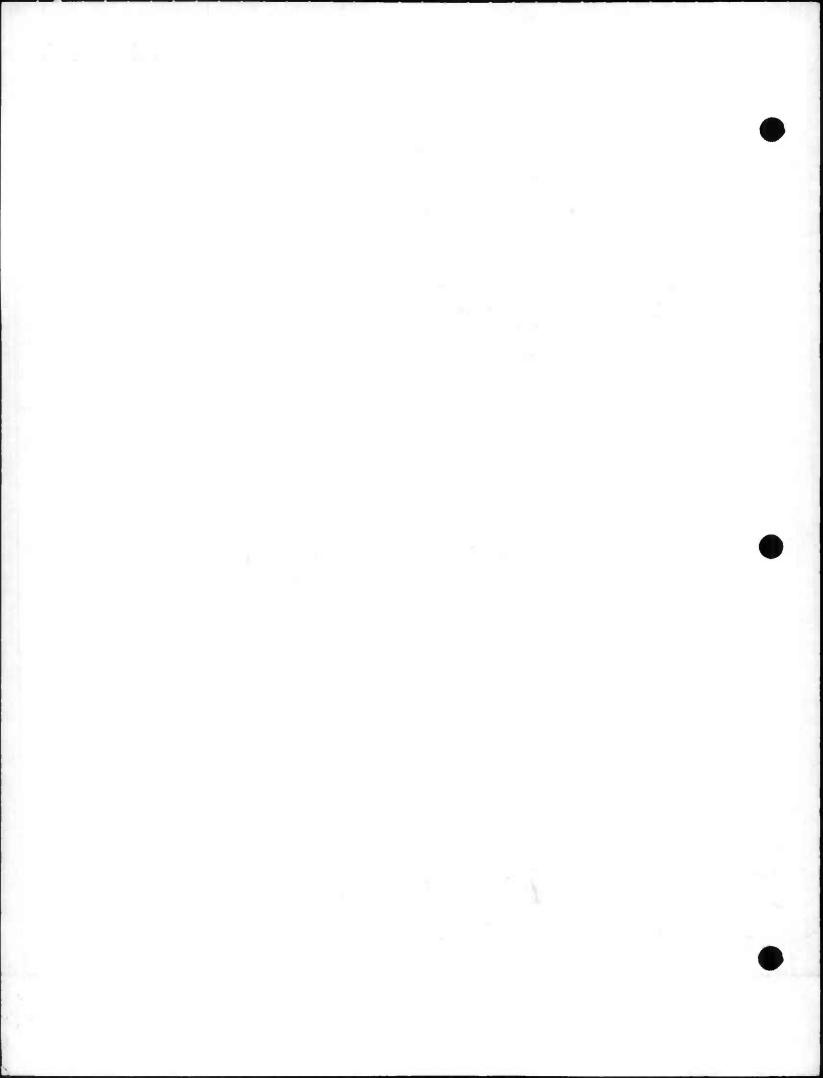
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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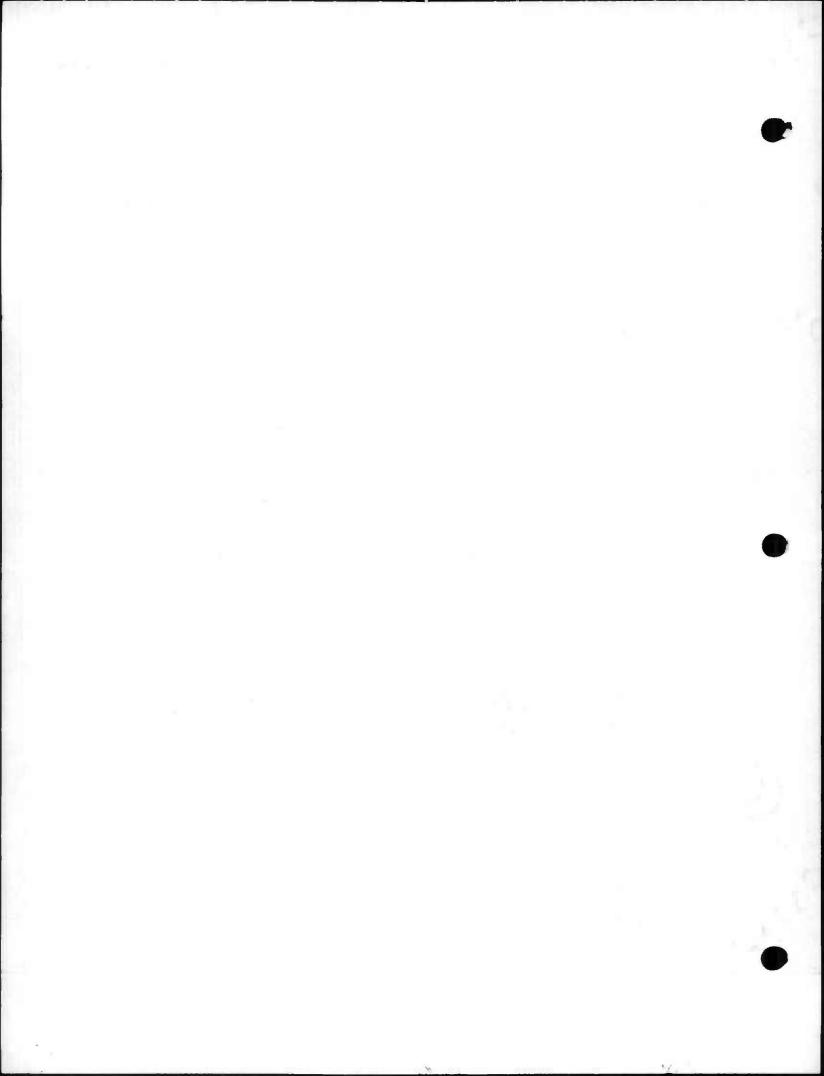
		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIEN REG. NO.		
1/4		1. DECEDENT'S NAME (First, Middle, Lest)  A RT  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	POR (In yrs. last birthday) #	TER UNDER 1 YEAR	_	DATE OF DEATH DATE OF BIRTH	7 92	3. TIME OF OEATH OF STORY M
3 should		579 05 6658  9a. FACILITY NAME (If not institution, give s	1 □ M 2 😾 F 79	YRS. MOI	THE DAYS	HOURS MIN.	(Month, Day, Year) 7/05/13	Coun	yland
1. 2.	DIRECTOR	SOUTHERN MA	RYLANDHO	spital	CLin	notr	Md.	Vo.	e George
permit. Pages		Maryland Prince	Georges	Suitla		ZIP CODE		T	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
rsit	FUNERAL	4415 Arnold Road		ô.	101.	20746		United:	States
MARYLAND 21215-0020 retained by the hospital or attending physician. S should be detached for use as the burial-transit netified at once.	BY	11. MARITAL STATUS 1 Nover Married 2 Married 3 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPANIC city Cuben, Mexican, F 2 2 NO Specify:			
21215 al or attenc for use as	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos	N It of working	16b. KIND OF BUS	SINESS/INDUSTRY	
AND the hospital detached to once.	COMPLET	12	Compe (F4 or 5+)	HOUSEWIFE	3		PRIVATE	E HOME	
YLAN by the hos be detach at once.	E CO	17. FATHER'S NAME (First, Middle, Last) GEORGE KIN				18. MOTHER'S NAME AUGUSTA	(First, Middle, Maiden KING	Surname)	
E, MARN y be retained to page 5 should be notified	TO B	JACQUELINE R. PE	RRY (DAUGHTE			oad, Suit		,,	
ORE 6 may 1 octor, pag		20e. METHOD OF DISPOSITION  XXBuriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State 20t	D.PLACE AND DATE OF DI netery, crematory or other I IARMONY MEN	ISPOSITION (Nar			CATION - City or TOOVER, MA	
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF PUNERAL SERVICEALIC		M859	22. NAME AN	D ADDRESS OF FACILIA NDER S. P Marlboro	OPE FUNE	RAL HOMES	S
50, within 24 hours aft npletely filled in by cremation, or remo		23. PART I. Enter the diseases, or a shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause on e	Myoren	anter the mod	de of dying, such a	a cardiac or respi	retory arrest,	Approximate interval Between Onset and Death
OX 68: be execute cian and ci tor to buria	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO COM AS	CONSEQUÊNCE OF:	in.	Ann	Son		
P.O. th certifi anding p Hygien or other	ERTIF	that initiated events resulting in death) LAST	DUE TO YOU AS	собъедиенся оп:	/	~ 8			
E SE E	7	PART II. Other significant condition	s contributing to death b	out not resulting in ti	ne underlying	cause given in Pa	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
RECO requires to been signed of Health	N: MEDIC						- 1 TES 2	Æ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A A A A B	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Check			
PHYSICA This cert with the	BY PHYSICIAN	27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/Out	28b. TIME OF	28c. INJU	JRY AT RK?	Other (Specify)  Id. DESCRIBE HOW II	NJURY OCCURED	
TISIO TIENDI TIE	ETED 8	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY building, etc. (Spec	/ — At home, ferm, stree	t, factory, office				
= P 20 =	COMPLI	MEDICAL EXAMINE	CIAN: To the best of my know R: On the basis of examination						(s) and manner as stated.
THE SOUTH THE SO	O BE	SHOWARD AND TITLE OF CERTIFIER	M.D X	Gende	119	29c. LICENSE NUMBE	35	≥ 12	0 (Month, Day, Year) 2892
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	8	UNERAL DIRECTIVE And the conficate has been signed by the attending physician and comple
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	REGISTRAR			CEF	RIFICATE	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Mid		D 7				1 1	DATE OF DEATH	AY	3. TIME O	
	Mary 4. SOCIAL SECURITY NUMBER	Ann		etski			_	2 30	1992	9:15	
	177-26-0894			GE (In yrs. lest ble		FEAR IF UNDER 24 HR	_	Month, Day, Year)		BIRTHPLACE (Ste Country)	
	9a. FACILITY NAME (If not institut		37		DWN OR LOCATION OF	DEATH	1-2-1905	9c. COUNTY	ennsylv	ania	
R	8305 Stardus										1 .
5	RESIDENCE OF DECED	DENT	ice			ort Washir	igco	n	Prin	ce Geor	ge s
DIRECTOR	10a. STATE 10t		c. CITY, TOWN OR LOCATION 10d. INSI								
	Maryland  100. STREET AND NUMBER	Princ	3	For	t Washing	gton		1 ☐ YES 2 X X N			
FUNERAL	8305 Stardus	+ P1a	100			20744			10g. CITIZEN		THY?
N	11. MARITAL STATUS		12. WAS DECEDENT EVE		D 13. WA	S DECENDENT OF HIS		RIGIN? (Specify Yes	or No- 14.	USA RACE — America	en Indian
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ш	15. DECEDEI (Specify only high	thest grade o	completed)	(Give )	DENT'S USUAL OCCI kind of work done dur NOT use retired.)			16b. KIND OF BUS	SINESS/INDUST	TRY	
PLE	Elementary/Secondary (0-12) 8th		College (1-4 or 5+)		ousewife				Home		
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S	NAME (	First, Middle, Malden			
ш	Walter Plesnar							nna Dupl	,		
TO B	19a. INFORMANT'S NAME (Type/F					Street and Number or Ru					
-	Carl T. Pele	etski		83	305 Stard	lust Place	Ft	. Washin	gton,	Md. 207	44
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3	3 🗆 Ramor	val from State	cemetery cremet	DATE OF DISPOSITI		1			or Town, State	
	4 Donation 5 Other (Spe 21. SIGNATURE OF FUNERAL SE			St. Jo	seph's (	Cemetery ME AND ADDRESS OF	1-4	-93 Plai	ns Tow	nship.	Peni
	111 +1	HVIGE LICE	MOCE			ME AND ADDRESS OF	FACILIT	Y			
		1.1			Ge	eorge P. k	ala	s Funeral	1 Home		
	23. PART I. Enter the discs shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ses, or co	lat only one ceuse o	m each line.	Ge 61	eorge P. M .60 Oxon M	Vala Vill Wich as	s Funeral Rd. Oxor	n Hill ratory arrest	, Md . 2	roximat rval Bet
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a.	DUE TO (OR /	m each line.	Ge 61  Do not enter the Corp.:	eorge P. R 60 Oxon F e mode of dying,	Vala Vill Wich as	s Funeral Rd. Oxor	n Hill ratory arrest	, Md . 2	roximat
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	HELTON: After this certificate has been signed by the attending physician and completely filled in by the funer and call with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH ERNEST PERRY DECEMBER 22, 1992 9:15 P. M 7. DATE OF BIRTH (Morth, Day, Year) 3/19/46 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 237-72-4758 1 X M 2 - F N.C. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE, CITY MARYLAND GENERAL HOSPITAL Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARTINA. WASHINGTON, DACLARY 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4808 13th Street, N.W. 20011 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married
3 Widowed 4 Divorced BY Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) ige (1-4 or 5+) 8th 0 Tow Contractor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest Lee Perry Bessie Smith 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Bessie Perry 9176 Cherry Lane, Laurel, Md. 20a. METHOD OF DISPOSITION
14 Burlal 2 Cremetion 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Parmony Memorial Park 12/30 Landover, Md. 21. SIGNATURE OF FUNEBAL STATE LICENSEE

William O. Ables 22. NAME AND ADDRESS OF FACILITY
Hall Brothers Funeral Home 621 Florida Avenue, N.W. Wash/, D. C 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition HYPEROSMOLAR NON-KETOTIC SYNDROME resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ACQUIRED IMMUNE DEFICIENCY SYNDROME CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY POSSIBLE SEPTIC SHOCK 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 4 Nural 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural BY

5 Pending investige 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be 4 Homicide

29e. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated, and one to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

Showan Mine 7, m1 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR.	SHIRWA	N MIR	ZA,	M.D.	c/o	MARYLAND	GENERAL	HOSPITA
31. DATE FILED (A		1992	32. REC	Julia L	avidse	n-Randelle		

29d. DATE SIGNED (Month, Day, Year)

DECEMBER 22

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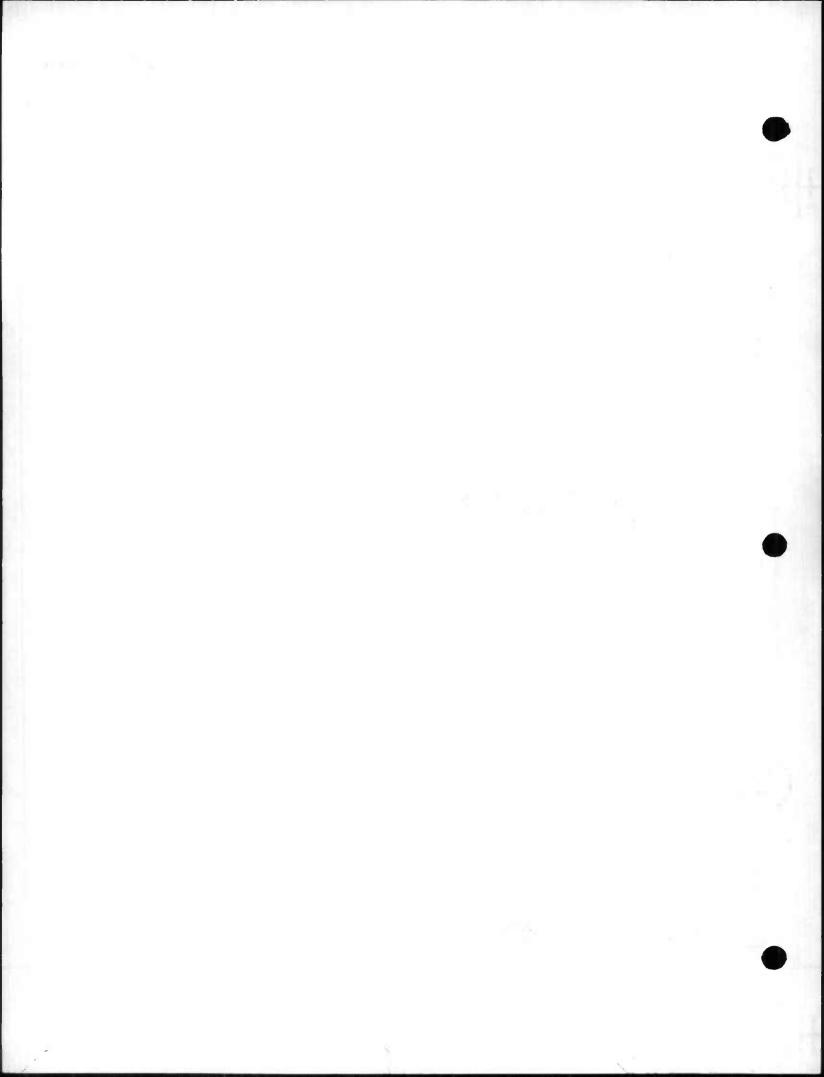
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND
THE FUNERAL CHECTOR NEW CONTROL AND SECURITY AND STRENGT OF THE ACTION OF THE FUNERAL CHECKEN AND STRENGT OF THE FUNERAL CHECKEN AND STRENGT OF THE FUNERAL CHECKEN AND STRENGT OF THE FUNERAL CHECKEN AND STRENGT OF THE STRENGT OF TH
flied within 72 inputs and 12 central National State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Ye DEC 3

1992

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	FOR STATE REGISTRAR	STATE OF I			RTMENT OF		MENTAL HYGIEN					
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			. TIME OF DEATH		
	LOUISE	D.	PHALO	NC				7	YEAR 92	9 30P M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPL	LACE (State or Foreign		
- 5	140-40-7943	1 🗆 M 2 🖵 F	88	YRS.	MONTHS DAYE	HOURS MIN.	05-05-19	04	New	Jersey		
	Sa. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN	OR LOCATION OF	1	9c. COUNT				
NO.	PRINCE GEORGE'S	HOSPITAL	CENTE	-p	CHEVE	DIV		DOTNIC	e G	EORGE S		
כל	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				Y, TOWN OR LOC			1FK1IV				
18	Princ	Prince George's				Bowi		10d. INSIDE CITY LIMITS?  1 X YES 2 NO				
-	Maryland 100. STREET AND NUMBER	and					10f. ZIP CODE					
FUNERAL DIRECTOR	AND RESERVED TO SERVED THE SERVED TO SERVED THE SERVED TO SERVED THE SERVED T	Philmon	t Lane				0716	Unite		ates		
N.	11, MARITAL STATUS	12. WAS DECEDEN	IT EVEO IN 11 C	ADMED	42 WMC D	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye					
F	1 Never Married 2 Married	FORCES? 1	YES 2	NO NO	If yes,	specify Cuban, Mexic	an, Puerto Rican, etc.)	8 OF NO 1	Black,	- American Indian, White, etc.		
BY	3 Widowed 4 Divorced	IF TES, GIVE V	WAR ON DATES		1 1 1	S 2 X NO Speci	my:		Whit			
E C	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	164	. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	ISINESS/INDU	STRY			
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5	·) T	_	work done during i se retired.)	lost or worlding	0 "			- 1		
MP	-6-		I.	lomemak	er		Own Ho	ome				
COMPLETED BY	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N.	AME (First, Middle, Maiden	Sumame)				
BE		eter	DeB1i				Clemencia			k		
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox	vn, State, Zip C	lode)			
	Trene T. Danser					nt Lane						
	200 METHOD OF DISPOSITION 1	oval from State	cemeters	cremetory or o	OF DISPOSITION ( other place)			CATION — CI		A DATE OF THE REAL PROPERTY OF		
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF	- L Ca	lvary	Cemeter	Y 12	-21-92 Pat	erson,	New	Jersey		
	DIL	5 0					Funeral H	ome, F	.A.			
	noven	C. C1	san	Pre	s 160	00 Annap	olis Road	Bowie,	Mar	yland20715		
	23. PART I. Enter the diseases, or o shock, or heart failure.	omplications the List only one cau	t caused the	e death. Do i	not enter the n	ode of dylng, su	ch as cardiac or resp	iratory arre	nt,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	1114	1.	4			1 4			Onset and Death		
	resulting in death)	teft he	P/VO	elecor	2 della	es con	ghrati	2215				
	100	/ 506 30	OH AR A CO	NSEQUENCE O	F):	1	/					
ERTIFICATION	Sequentially list conditions,	DUE TO	(OR AS A CO	NSEQUENCE O	Fi:							
¥	if any, leading to immediate cause. Enter UNDERLYING		÷		ř.					1		
표	CAUSE (Disease or Injury that initiated events	DUE TO	(Off AS A CO	RISEQUENCE O	F):							
	resulting in death) LAST											
2	PART II. Other significant condition	s contribution to	douth but o	ot resulting	in the condeshi	en cours about to	B		Tan a			
MEDICAL	Demented 14	1 0	23	Tulel	holes	ng sause gryen ir	PERFO	RMED?		PERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE		
	Then Amond	1	1	infre	y perce		1 🗆 YES 1	2 40	0	F DEATH?		
2	Sty sugar	/	V			_	_		2	☐ YES 2 ☐ NO		
A	25. WAS CASE BEFERRED TO MEDICAL	-			- As.	PLACE OF BEATH (C	back only onel	_	_			
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatier	H 3 DOA	отния:		6 C Other (Specify)					
Ŧ	27. MANNER OF DEATH	28e. DATE OF	INJURY	CONTRACTOR TO	E-0€/ 18c. 1	JURY AT	28d. DESCRIBE HOW	INJURY OCCU	HED			
ВУР	1 Netwel 5 Pending 2 X Accident Investigation	12-4	-92	- 70	A	YES 2 NO	fell out or	mh.l.	· Lu	Hrauter		
20.0	3 Suicide 6 Could not be	28e. PLACE C	F INJURY - A	At home, ferm/	street, fectory, of	lce	281. LOCATION (Speed	and Number o	Rural Apo			
E	4  Homicide determined	Musico		Mursn	4 Am	e Lain	Pr Georg	21 M	118			
PL	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge	e, death occurr	ed at the time, de	te and place, and du	e to the cause(s) and ma	nner as stated	s.			
COMPLETED	one) 2 WEOICAL EXAMINE									and menner as stated.		
ш	296. SIGNATURE AND TITLE OF CENTIFIES	7	200			29s. LICENSE NU	MBER	29d. DATE	SIGNED (A	Honth, Dwy, Year)		
	Beyondo Y XV	unix!	M			4217	230	1/3	2-18	7-97/		
2	TO NAME AND ADDRESS OF PERSON WH	COMPLETED CAU	SE OF OFATH	(ITEM 27) (Tone	Print)				100	. / /		

32. REGISTRAR'S SIGNATURE Fandsell

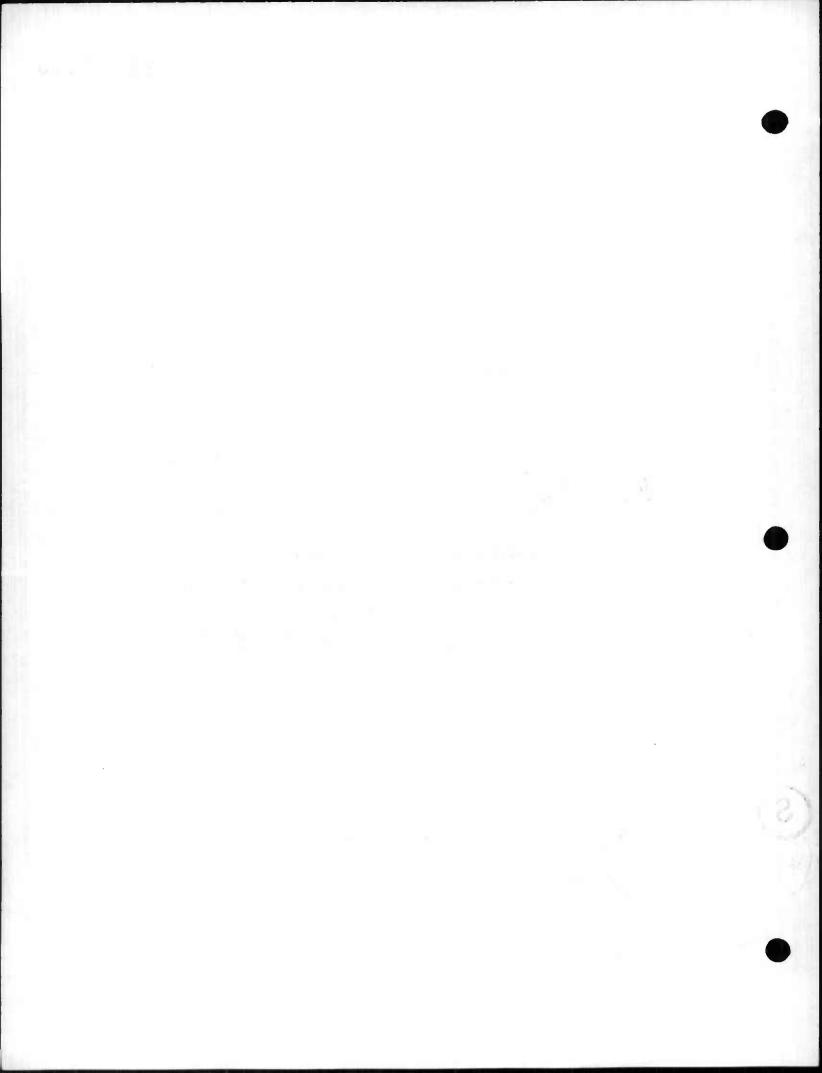


1 · STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

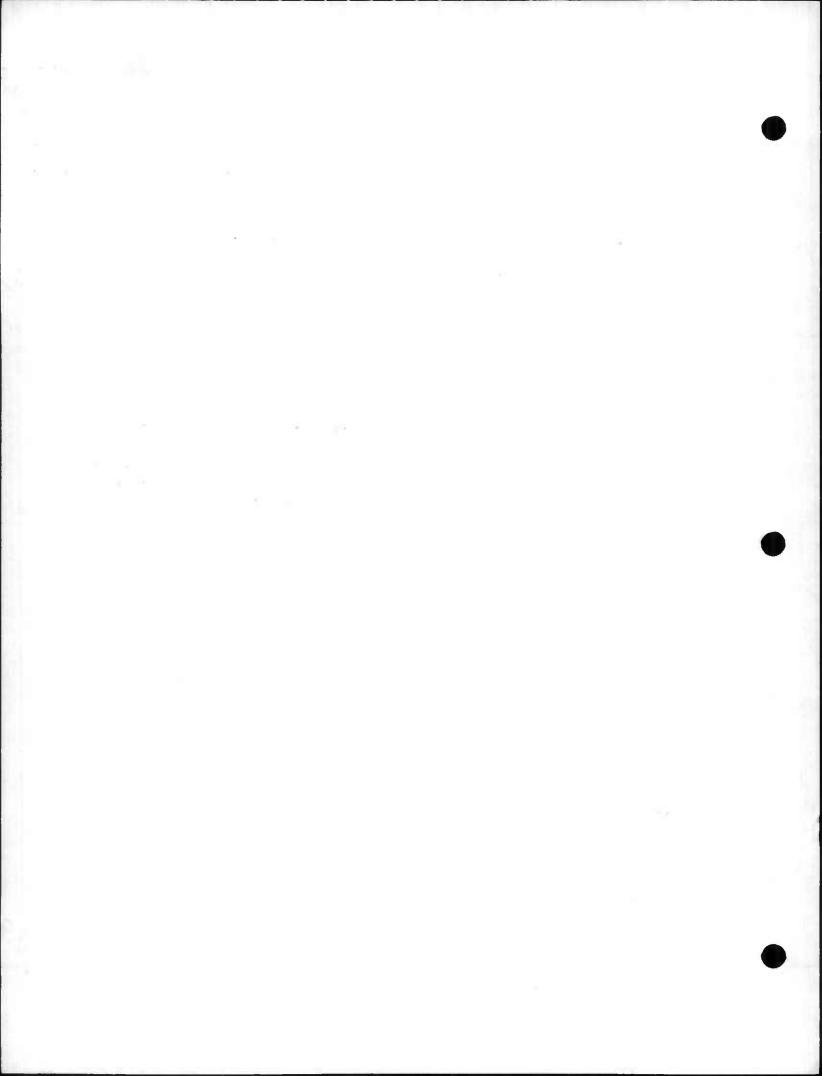
- 1	1. DECEDENT'S NAME (First, Middle, Last)	PETER						2. DATE OF DEATH MONTH	DAY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthda	MONTHS		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	578- 11- 4724	1 XM 2 🗆 F	60 YRS	- Contras	DAY8	HOURS	MIN.	MARCH 17,	1932		S NIGERI
DIRECTOR	9a. FACILITY NAME (If not institution, give  LELUCI  RESIDENCE OF DECEDENT	street and number)	2 4605	96. CITY,	TOWN	OR LOCATI	ON OF D	EATH	9c. COU	NTY OF DEA	тн
5	10e. STATE 10b. COUNT	TY	10c. C	TY, TOWN O	LOCAT	TION				10	d. INSIDE CITY
	MD PRIN	CE GEORGES	COUNTY RI	VERDA	LE I	HEIGH	IT			1	LIMITS?
¥	100. STREET AND NUMBER		Charles and Charles		1000	. ZIP COD	-		10g. CIT	ZEN OF WHA	AT COUNTRY?
FUNERAL	6316 60th PLACE	I so was property				20737			U.S		
BY	1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 X NO	16	yea, sp	ecity Cuba 2 X NO	n, Mexica	NIC ORIGIN? (Specity Youn, Puerto Rican, etc.) by:	a or No—		American Indian, vhite, etc. BLACK
8	15. OECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DECEDENT	'S USUAL OC	CUPATIO	ON of working		16b. KIND OF BI	ISINESS/INC	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done di use retired.)			10				
COMPLI	17. FATHER'S NAME (First, Middle, Last)	4YEAR	ADVISE	MENT N	IANA			NIGERIA			
	JABOVB DIBTA							ME (First, Middle, Maide	Sumame)		
8	19a. INFORMANT'S NAME (Type/Print)		105 MAU II	ADDRESS	(Ot1 -			DIBIA  Route Number, City or To			
2	JOYCE DIBIA	WII						RDALE HEIG			727
	20a, METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSIT	ION (Na	me of	CI V E			City or Town,	
	1 XBurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, crematory of FAMI	LY CEN	1ETF	ERY			GERA	,	Oldio
	21. SIGNATURE OF FUNERAL SERVICE LI			22. N	AME AN	ID ADDRES		CILITY			
	N# 12	zcon	27	W.H	I. E	BACON	FUI	NERAL HOME EET, N.W.	INC.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Hep DUE TO JOR C. CM OT	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	Part nAVY	ur 45	est cy	t.	ascite	mi	2	
. 1	PART II. Other algolficant condition	na contributing to da	ath but not resulting	in the und	erlying	deuse g	iven In	Part i. 24s. WAS AF	AUTOPSY	24b. WE	RE AUTOPSY FINDIN
MEDICAL								PERFO 1 TES	RMED?	AM CO OF	ARLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
Ä	05. 1990 0400 0400										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	26. PL	ACE OF DE	EATH (Ch	eck only one)			
PHYS	27. MANNER OF DEATH	1 Inpatient 2 ER				e 5 Re	sidence	6 Other (Specify)			
	1 Netural 5 Pending	(Month, Day, 1		JURY M	WO		l NO	28d. DESCRIBE HOW	NJURY OCC	URED	
ED BY	Accident Investigation  3 Suicide 6 Could not be determined	28e. PLACE OF IN building, atc.	JURY — At home, term (Specify)	, streat, factor				281. LOCATION (Street City or Town, State	and Number	or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMIN	ICIAN: To the best of my	knowledge, death occur	rred at the tim	e, date	and place,	and due	to the cause(a) and ma	nner as state	ed. s cause(a) an	d manner as stated
3	make the second of the second	3/			$\neg$	29c. LICE	NSE NUM	MER	29d. DATE	SIGNED (NO	with Day Wood
	296. SIGNATURE AND TITLE OF CERTIFIE										
O BE COM	0/10	1				019	989	/	1	2/2	2/92
BE	30. NAME AND ADDRESS OF PERSON WHAT ABRAHAM DABELA M		OF DEATH (ITEM 27) (TYPE)		RD.	D/9	ERDA	LE MD	> /	2/2	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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IN. OF ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	AAL UMECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	S.
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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT O				MENTA	L HYGIEN	-		
1	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		12-12-1	3. TIME OF DEATH
	DARNELL J	AMES			PH	IIL	LIP	S	12		199	9 2	11:40 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YE	_	F UNDER 2			OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	216-90-8748	1½ M 2 ☐ F	25	YRS.	MONTHS DA	YS H	OURS	MIN.		. 14.	1967	SAL	ISBURY, MD.
ron	90. FACILITY NAME (If not institution, give st  TILGHMAN STREE  RESIDENCE OF DECEDENT		DISON		96. CITY, TO			N OF D				OM I	
DIRECTOR	10e. STATE 10b. COUNTY	ICOMICO		10c. CFI	TY, TOWN OR L	CATIO	N	S	AL TS	BURY			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 625 SMITH STREET	, APT.#2	APT.#2  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				P CODE	180			10g. CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?					NAS DECENDENT OF HISPANIC ORIGIN? (Specify to I yes, specify Cuban, Mexican, Puerto Rican, etc.)  YES 2 (NO Specify:				or No—	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	ive kind of Do NOT u	USUAL OCCUI work done durin se retired.)	PATION g most o	of working			HERATO		DUSTRY	
₩.	HIGH SCHOOL			ABOR	ER	_			٦	TILIATO	IN TIO	166	
	17. FATHER'S NAME (First, Middle, Last) BOBBY PF	ITI I TDC				1	6. MOTH			Middle, Maiden			
B	19a. INFORMANT'S NAME (Type/Print)	ITELIT	1				July market			LEE AY			
2	ANGELA PHILLIPS-S	SHOCKL FY	21	6 SH	AW ST.	• A	Number o	#32	:FRC	ĬŜŦĔŨŔĊ	m, Stere Zi	. 21	532
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo		20b. PLACE	ANDDATE	OF DISPOSITION	\ (Name			DA		CATION -	City or To	own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	B. Ja	eley							HAPEL,			BOX 920
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	SHOT	use on each line	,001	MD TO				h aa car	diac or resp	iratory ar	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSEC										
MEDICAL C	PART II. Other significent conditions	contributing to	death but not r	esuiting	in the under	ying c	ause gi	ven in	Part i.	24a. WAS AN PERFOI	RMED?	24b	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
									_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER: 4 Nursing				eck only o	illma	n st	ree	t at Ediso
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 2 / 3	7792 Ou		10PL	INJUR WORK	?	NO	-000	SCRIBE HOW I			
	3 Suicide 8 Could not be determined	28e, PLACE C building,	etc. (Specify)			office			281. LOC C/ty	or Town, State)	end Number	r or Rural I	Route Number,
ETED.			S	TREE	5T				TI	LLMAN	ST.	AT	EDISON
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER												a) and manner se stated.
l m	398 WEHATURE AND TITLE OF CERTIFIE	/ 1					Pc. LICEN						(Month, Day, Year)
TO BI	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	SE OF DEATH (ITE	M 27) (Time	. Print)		0.0	C.M	.E.				1/1992
	MARGORNOD D.K	Orou	111 P	enn		t,	Ba.	lti	mor	e, Ma	ryla	nd	21201
5	JAN 0 4 1993	Julia David	A'S SIGNATURE L	2									



urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TENDING PHYSICIAN: The law requires that the death certificate be executed within VISION OF VITAL RECORDS, P.O. BOX 13146,

After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should use death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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MEDICAL CERTIFICATION

PHYSICIAN:

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BE COMPLETED

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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events

resulting in death) LAST

	1 - STATE REGISTRAR	STATE OF N		) / DEPAI Certif						IYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME	OF DEAT	Н
	Rosemary	Stevens	:	Peter	S				12/	27		992	8	:05	a M
	4. SOCIAL SECURITY NUMBER	5. SEX		. lest birthday)	IF UNDE	R 1 YEAR		R 24 HRS.	7. DATE OF (Month, D				IPLACE (S	State or Fo	reign
	216-46-0322	1 🗆 M 2 🔀 F		YRS.	MONTHS	DAYS	HOURS	MIN.	10/8/				<sub>‴</sub> v1an	4	
	9a. FACILITY NAME (If not institution, give	street and number)		12	9b. CIT	Y, TOWN	OR LOCAT	ION OF DE		1300		INTY OF D		<u> </u>	
בכוסב	1002 Beaglin Par	1002 Beaglin Park Drive., Apt.202						Salisbury Wico							
										10d. INS	SIDE CITY				
5	Maryland Wic	omico		Sa	lisb	ury								ES 2	NO
4	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CI1	IZEN OF V	WHAT CO	UNTRY?	
	1002 Beaglin Pari	k Drive,	Apt. 2	202			21	801				USA			
5	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S	, ARMED	13.				VIC ORIGIN? (S		or No-	14. RACI	E — Amer	ricen India	in,
	1 Never Married 2 Married	FORCES? 1					ecity Cubi		in, Puerto Rica y:	n, etc.)		Spec	k, White,	etc.	
0	3 XWidowed 4 Divorced						-31						W	hite	
	15. DECEDENT'S EDI (Specify only highest grad		16a	Give kind of	work done	during mo		ing	16b. KII	ND OF BUS	INESS/IN	DUSTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ilia. Do NOT i	use retired.;	)									
2	11	2	<u> </u>	lousew	ife										
<u> </u>	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Midd	fle, Maiden	Surname)				
ň	Alexander Hart	lev Stev	rens				St	ella	Adki	ns					
2	19s. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street i	nd Numbe	or or Rural	Route Number,	City or Town	n, State, Zi	p Code)			
-	Ann P. Phoebus			1016	Beag	lin	Park	Dr.	, Sali	sbur	y, M	d.	2180	1	
	20s. METHOD OF DISPOSITION 13 Buriel 2 Cremation 3 Rem	novel from State	20b. PL	ACE OF DISPO	OSITION (A	lame of ce	metery, cre	matory or		20c. LO	CATION -	- City or To	own, State		
	4 Donation 5 Other (Specify)	TOTAL TOTAL GALLS		s Cre	ek P	resb	vter	ian	Cem.	Poc	omok	e Ci	tv.	Md.	
	21, SIGNATURE OF FUNERAL SERVICE L	SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA													_
	Melson Funeral Home PO Box 64, Pocomoke City, Md. 21851														
4	23. PART i. Entar the diseases, or	complications the	of caused the	death Do										51 pproxim	ete
	ahock, or haert feliure.				not onto	i ure iiic	rua oi uj	my, auc	II as cardia	or reap	netory a	reat,	In	tervai B	etween
- 1	iMMEDIATE CAUSE (Finei diseese or condition	04	1 01 0 11	0	1 1 1	. 17	name .						0	nset and	Death
	resulting in death)	a. ('())	all	0	110	$\omega$									
	l .	DUE 10	(OR AS A CO	MOCUUENCE (	UT):	/		1	0				1		

COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) 1 TES 2 NO ient 2 🗆 ER/Outputient 3 🗆 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🔀 Natural 5 Pending Investigation 1 YES 2 NO

24a. WAS AN AUTOPSY PERFORMED?

2 Accident 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

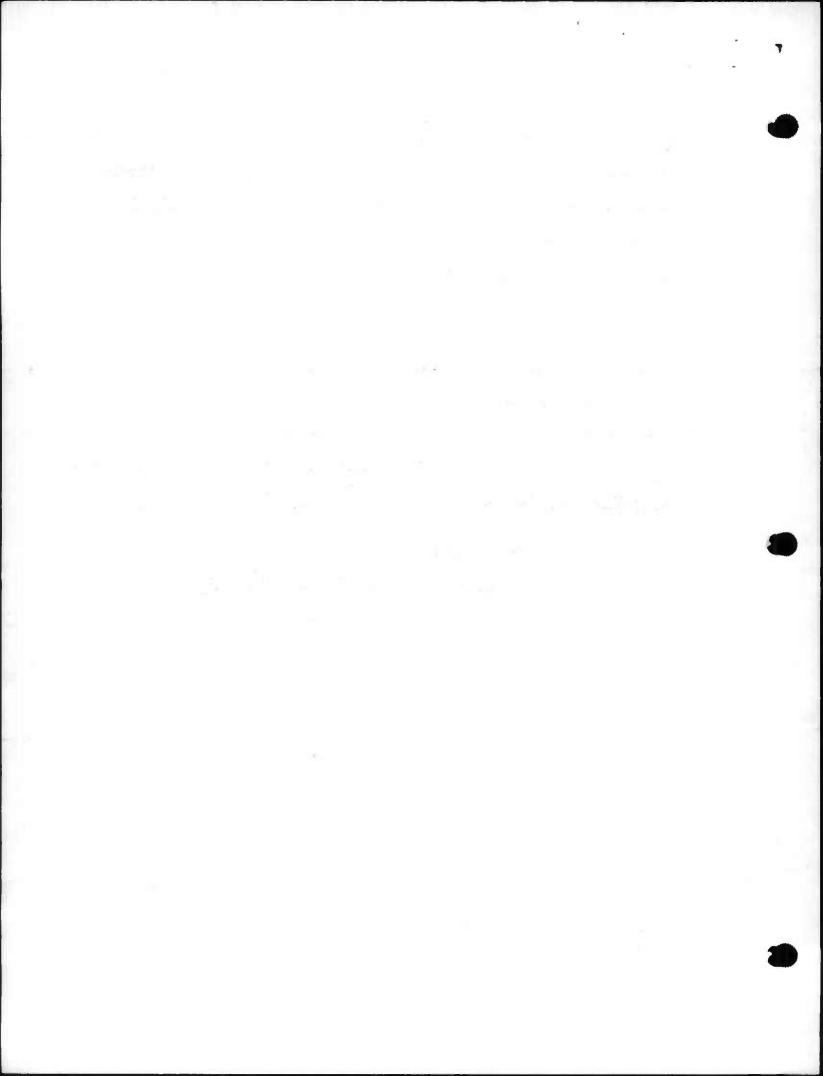
209 Maryland Avenue, Salisbury, Md. 21801

DUE TO (OR AS A CONSEQUENCE OF):

PART if. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1993 JAN

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

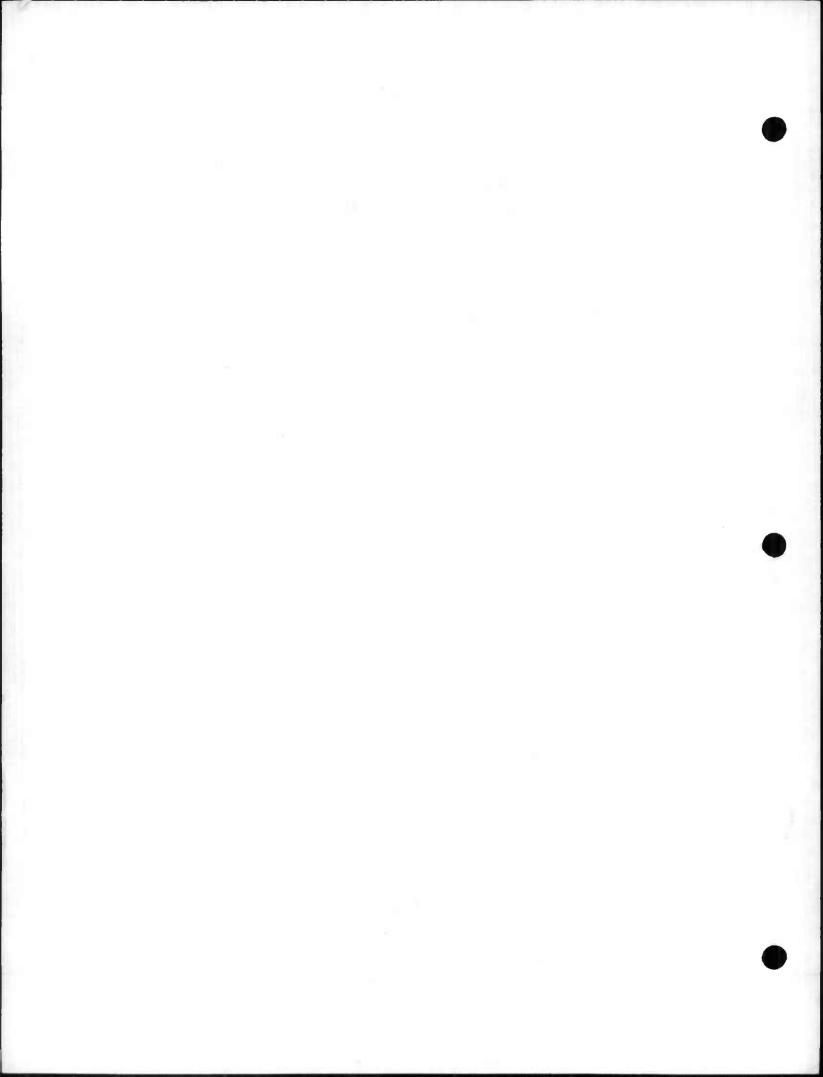


	AN	he ho	detach
	BALTIMORE, MARYLAN	TO THE MOSHILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the ho	TO THE FUNETRAL CHARTER After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact by filled with a first from the first begin of Health and Mental Hygiene prior to burial, cremation, or removal.
	AAF	etaine	noys
	m,	y be	age 5
	OR	6 ma	ctor, p
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	o.	certifi	ding p lygien
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	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	equire	en sig
	i.	ME!	as be
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	7	ICIAN	the S
	0	PHYS	this
	O	DING	After
	Si	HEN	B#
1	a	-E	100
1	19	重	EN EN
A.	-	80	21
4		D THE	TO THE TUNETAL DISCUSS After this certificate has been signed by the attending physician and completely filled in by the se filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	-	4	X

	FOR STATE REGISTRAR	STATE OF MARY		ARTMENT OF I		MENTAL HYGIEN	_	. 00221		
	1. DECEDENT'S NAME (First, Middle, Last)	~ 0	/ /	,	DEATH	2, DATE OF DEATH MONTH D		YEAR 3. TIME OF DEATH		
	Francis	D. VCU	1001	ph		12 2	4 9	2 0247		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthde	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	212-72-4469	1) M 2 G F	33 YRS	- Carro	moons min.	10/2/3	-9	Maryland		
00	So. FACILITY NAME (If not institution, give	. 2 //	1	96. CITY, TOWN	OR LOCATION OF I		9c. COUN	TY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	indel H	050	cole,	V 134	rpie	Ann	e Arundel		
JE C	10a, STATE 10b, COUNT	Υ	10c. (	TTY, TOWN OR LOCA	TION			10d. INSIDE CITY		
Ö	Md. Anne	Arundel		Pasaden	a			1 YES 2 NO		
AL	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZ	10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	8004 Cork Be	rry Lane,	312		21122		~	USA		
J.	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? \1 \( \subseteq \) YE	IN U.S. ARMED			UNIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR			S 2 NO Spec			Specify:		
0	15. DECEDENT'S EOI	JCATION	18a DECEDENT	"S USUAL OCCUPATI	ON	16b. KIND OF BU	PINESS /INDI	White		
ETE	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind iiile. Do NO!	of work done during m use retired.)	ost of working	Total Kills of Do	JANESS/111DC	, arni		
립	10		P	rinter		Centu	cv Gr	aphics		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden		1		
TO BE COM	Raymond S. Ru	dolph.Jr.			Myr	na McClur	е			
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
-	Raymond S. R					on,Texas	7705	5		
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ren	noval from State		E OF DISPOSITION (No other place)		9-92TE 20c. LO	CATION C	Ity or Town, State		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Lee	Cremat	ory	Cl	into	n.Md.		
	W TONESAL ELITICE D	1 27	1	6633	140 SS3HUUA UM	Lexander	nera	1 Home, Inc.		
	23. PART I. Enter the diseases, or	I ale		lClin	ton Mar	cyland 20'	735			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE	OF):	Multi	phe D	rug	Interval Between Onset and Death		
MEDICAL	PART II. Other significant condition	ns contributing to death	but not resultin	g in the underlyin	og cause given li	Part I. 24a, WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)				
O BE COMPLETED BY PHYSICIA	1 YES 2 NO	1 Inpetient 2 - ER/O		4 - Nursing Hor		6 Other (Specify)				
표	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		MANUAL M	JURY AT ORK?	28d. DESCRIBE HOW	-	1 1		
B	2 Accident Investigation	280. PLACE OF INJU	13	M 1		VICTIM	100			
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	pecify) Har	7		261. LOCATION (Street City or Town, State)		-11-		
	29a. CERTIFIER	2011	11011		PONDO A SOUTH	8004 Cov		4310 2112.		
COMPLET	one) 2 MEOICAL EXAMIN							d. Cause(s) and manner as stated.		
BE .	296. SIGNATURE AND TITLE OF DESITION	ales mo	Do	netes	29c. LICENSE N	MBER	29d. DATE	SIGNED (Month, Day, Year)		
6	30 NAME AND ADDRESS OF PERSON W	Hel COMBI ETEO COMBI	Jeg Jeg	7	1000	2054	1/0	2/26/92		
	30. NAME AND ADDRESS OF PERSON W	. Joves,	mD	Pa, Print) P.O.	Box	99	20	771		
	DEC 3 1 199	32. REGISTRAR'S SI	GNATURE Pany	dall						

BALTIMORE, MARYLAND 21215-0020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	And the Conflictate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
YON OF VITAL RECORDS, P.O. BOX 68760,	Month PHYSICIAN: The law requires that the death certificate be executed within 2	On the this certificate has been signed by the attending physician and completely filled in by the fill the sea, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

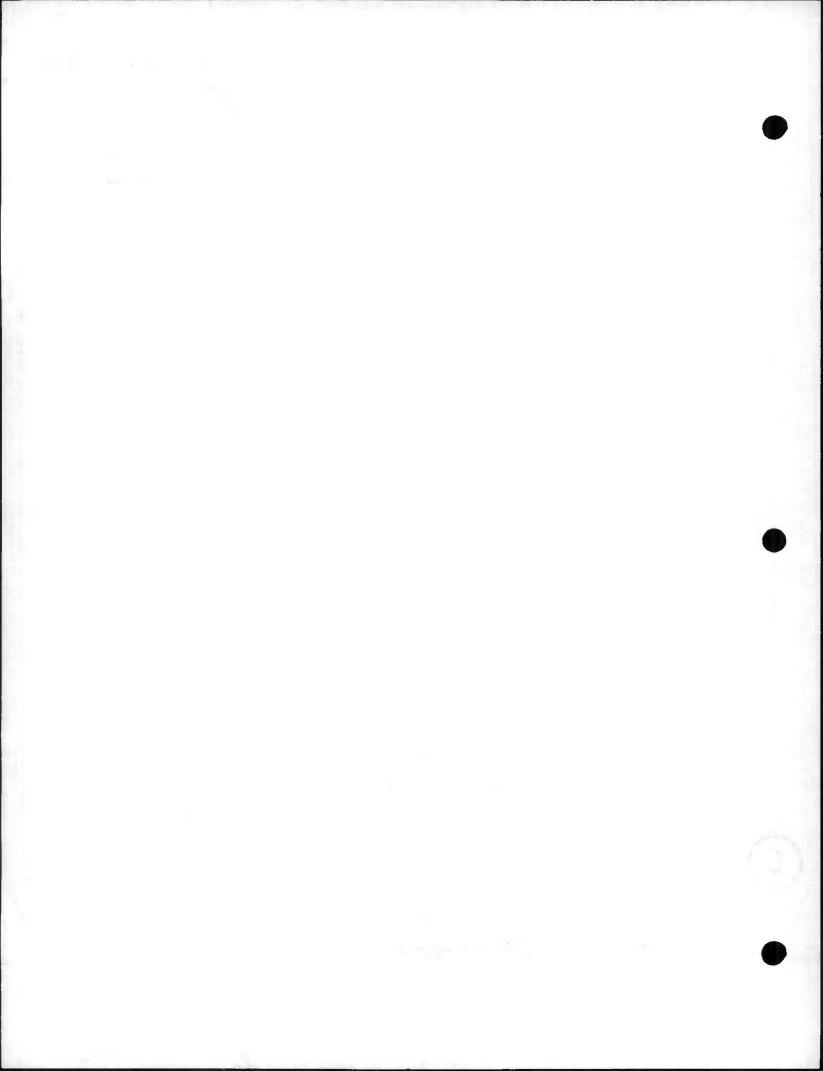
19	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Les	°Clarence	Ray	IFICATE OF	DEATH	REG. N  2. DATE OF DEATHS  MONTH		JONE A DEATH N
1.63	4. SOCIAL SECURITY NUMBER	Clanence 5. SEX	C	(ay) IF UNDER 1 YEAR		12 a	18 4	2 10400
	21621414840734	1 M 2 - F	6666 YF	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6/-	BIRTHPLACE (State or Foreign Country) PA.
œ	Sa. FACILITY TO THE SALES OF	o strep OS Proprio AL		96. CITSTPON	DE POCATION DE DE			COMERY
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUI	TV TV		Silver	Spring	Mary .	IIIION	tronery
	D.C.D.C.	N/A	\	Nashing	D.C	-1	40	10d. INSIDE CITY LIMITS?  1
FUNERAL	100. STREET AND NUMBER 453 453 Ma453	MANOR PLACE	N. W.	#3	200 €	<b>91</b> 0	10g. CITIZE	N OF WHAT COUNTRY?
10	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Obvorced	12. WAS DECEDENT, FORCES? 1 [] IF YES, GIVE WAS	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, a	CENDENT OF HISPAN pecify Cuban, Mexica 8 2 NO Specify	HC ORIGIN? (Specify V n, Puerto Rican, etc.)	fes or No 14	Black, White, etc. Specify BLACK
EIED	15, DECEDENT'S E (Specify only highest gra	de completed)	16a, DECEDEI (Give kine	NT'S USUAL OCCUPATE of work done during m OT use retired.)	ION lost of working	16b. KIND OF B	USINESS/INDUS	TRY
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		lian-Labor		U. S.	POSTAL	SERVICE
-	17. FATHER'S NAME (First, Middle, Last) CHARLIE RAY				18. MOTHER'S NA PEAR	ME (First, Middle, Melde L ASKEW	on Sumame)	
IO BE	19a. INFORMANT'S NAME (Type/Print)	~	19b. MAJ	LING ADDRESS (Speed	and Number or Rural I		own, State, Zip Co	ode)
-	FRANCINE THOMA:	<u> </u>	1	Tusburgi	1, Pa.	15206	OCATION CIT	
	4 Donation 5 Other (Specify)	r complications that ce. List only one cause	Caused the deeth. 1	Do not enter the m	Park IND ADDRESS OF FA	11-2-93 Marsha 4217 Washin	Landov 11's F 9th 1gton,	er, Md. uneral Home Street, N. W D. C. 20011  Approximate Interval Betw
TIF	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  23. PART 1. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	Eaused the deeth. It among the armong the ar	Do not enter the m	Park Und Address of FA	11-2-93 Marsha 4217 Washin	Landov 11's F 9th 1gton,	er, Md. uneral Home Street, N. W D. C. 20011  t.   Approximate Interval Betw
: MEDICAL CERTIFI	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE  23. PART 1. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (0 SEPSI)  b. DUE TO (0 RENAL)	Cemelery, cremetory Harmony  Land Harmony  Caused the deeth. It can each line LEEDING  As a consequence FAILIRE  FAILIRE	Do not enter the model of the off:  CARCINOMA  EE OFI:  CARCINOMA  EE OFI:	Park  ND ADDRESS OF FA	Il-2-93 CILITY Marsha AZI Washin has cerdlac or ree	Landovi 11's F 9th gton, piratory arres	er, Md. uneral Home Street, N. W D. C. 20011
MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heart fallur immediate cause. Enter the Disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or injury that initiated events resulting in death)  PART II. Other significent conditions.  PART III. Other significent conditions.  EVAMINER?	DUE TO (O RENAL)  d. SINUSITIS  HOSPITAL:	COMA	Do not enter the more corp.  CAP CINOMA  E OF):  CAP CINOMA  Ing in the underlying in the underlying in the underlying corp.	Park  ND ADDRESS OF FA	Part I. 24a. WAS A PERF	Landovi 11's F 9th gton, piratory arres	er, Md. uneral Home Street, N. W D. C. 20011 t, Approximate interval Betwo Onset and De  24b. WERE AUTOPSY FINDM AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heart fallur immediate cause. Enter UNDERLYING CAUSE (Pines disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or initiated events resulting in death) LAST	DUE TO (0 RENAL)  d. SINUSITIS  FAILURE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE TO THE THE THE THE THE TO THE THE THE THE THE THE THE THE THE THE	COMA  Cancer of the deeth. It is a consequence of the deeth. It is a consequence of the deeth of the deeth. It is a consequence of the deeth of the	Do not enter the modern the moder	Park  Ode of dying, such  Cac  Ing cause given in  PLACE OF DEATH (Ch	Part I. 24e. WAS A PERF	Landovi 11 's F 9th 12 yrh 13 yrh 14 yrh 15 yrh 16 yrh 17 yrh 18 yrh 19 yrh 10 yrh	er, Md. uneral Home Street, N. W D. C. 20011  4. Approximate Interval Betw Oneet and De  24b. WERE AUTOPSY FINOR AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, on shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions. If any, leading in death and initiated events resulting in death and	DUE TO (0 SEPSI)  a. DUE TO (0 SEPSI)  b. DUE TO (0 RENAI)  d. DUE TO (0 RENAI)	COMA  Calculation of the control of	Do not enter the model of the corp.  EE OF):  CARCINOME	Park  Und address of Fal  ode of dying, such  and course given in  place of Death (Ch	Part I. 24a. WASA PERFO 1 YES  Bok only one)  8 Other (Specify)  28d. DESCRIBE HOW	Landovi F F 9th agton, in autopsy onmed?	er, Md. uneral Home Street, N. W D. C. 20011  4. Approximate interval Betw Onset and Da  24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (0 SEPSI)  a. DUE TO (0 SEPSI)  b. DUE TO (0 RENAI)  d. DUE TO (0 RENAI)	COMA  Carron S  Consequence  Co	Do not enter the more seconds.  CARCINOME  C	Park  Und address of Fal  ode of dying, such  and course given in  place of Death (Ch	Part I. 24a. WAS A PERF	Landovi F F 9th agton, plratory arres	er, Md. uneral Home Street, N. W D. C. 20011  4. Approximate interval Betw Onset and Da  24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heart fallur immediate cause. Enter UNDERLYING CAUSE. (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  1	DUE TO (C)  TENAL  A. List only one cause  a. List only one cause  a. List only one cause  a. List only one cause  a. List only one cause  A. List only one cause  DUE TO (C)  RENAL  d. DUE TO (C)  RENAL  d. SINUSITIS  FAILDRE TO  Limpetient 2 = 1  28e. DATE OF IN  (Month, Day,  199  28e. PLACE OF IN  28e. PLACE OF In  28e. PLACE OF IN  (Month, Day,  199  199  199  199  199  199  199  1	Completely, cremetory Harmons  Paramons  Caused the deeth. It an each line.  C	Do not enter the modern place)  22. NAME A  22. NAME A  22. NAME A  22. NAME A  22. NAME A  23. NAME A  24. NAME A  25. P  26. P  26. P  27. NAME A  28. NAME A  2	Park  UND ADDRESS OF FAI  Ode of dying, such  Cac  Place Of DEATH (Chi  The 5   Residence  JURY AT  ORK?  YES 2   NO	Part I. 24a. WAS A PERF.  1 YES  24d. WAS A PERF.  1 YES  24d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State to the cause(s) and mutually to the cause(	Landovial 1 's F  9th  19th  1	er, Md. uneral Home Street, N. W D. C. 20011  4, Approximate Interval Betw Onset and De  24b. WERE AUTOPSY FINON AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, or heart fallur immediate cause. Enter UNDERLYING CAUSE. (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.  1	DUE TO (0 SEPSI)  a. DUE TO (0 SEPSI)  b. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  DUE TO (0 RENAL)  d. DUE TO (0 RENAL)  C. DUE TO (0 RENAL)  DUE TO (0 RENAL)	Completely, cremetory Harmons  Paramons  Caused the deeth. It an each line.  C	Do not enter the modern place)  22. NAME A  22. NAME A  22. NAME A  22. NAME A  22. NAME A  23. NAME A  24. NAME A  25. P  26. P  26. P  27. NAME A  28. NAME A  2	Park  UND ADDRESS OF FAI  Ode of dying, such  Cac  Place Of DEATH (Chi  The 5   Residence  JURY AT  ORK?  YES 2   NO	Part I. 24e. WAS A PERF. 1 YES  28f. LOCATION (Street City or Town, State to the cause(s) and milme, date and place,	Landovide Tandovide	er, Md. uneral Home Street, N. W D. C. 20011  4. Approximate Interval Betw Oneet and De  24b. WERE AUTOPSY FINDER AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO  RED  Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST  PART II. Other significent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Yes 2 NO  27. MANNER OF DEATH  1 Yes 2 NO  28. CERTIFIER (Check only one) 2 MEDICAL EXAMINER)	DUE TO (0 SEPSI)  a. DUE TO (0 SEPSI)  b. DUE TO (0 SEPSI)  c. DUE TO (0 RENAI)  d. DUE TO (0	COMA  Cannellon, cremetory Harmons  Caused the deeth. 1  Can each line  Can each line  Can as a consequence  Can as a consequence  Can as a consequence  Can as a consequence  Can as a consequence  Can as a consequence  Can as a consequence  Can as a consequence  Can as a consequence  Coma  Com	Do not enter the model of the corp.  ZZ. NAME A  ZZ. N	Park  ND ADDRESS OF FA  Ode of dying, successory  The course given in  PLACE OF DEATH (Che  The S   Residence  JURY AT ORKY  YES 2   NO  Ce  Is and place, and due death occurred at the	Part I. 24e. WAS A PERF. 1 YES  28f. LOCATION (Street City or Town, State to the cause(s) and milme, date and place,	Landovide Tandovide	er, Md. uneral Home Street, N. W D. C. 20011  4, Approximate Interval Betw Oneet and De  24b. WERE AUTOPSY FINDE AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO



BALTIMORE, MARYLAND 21215-0020

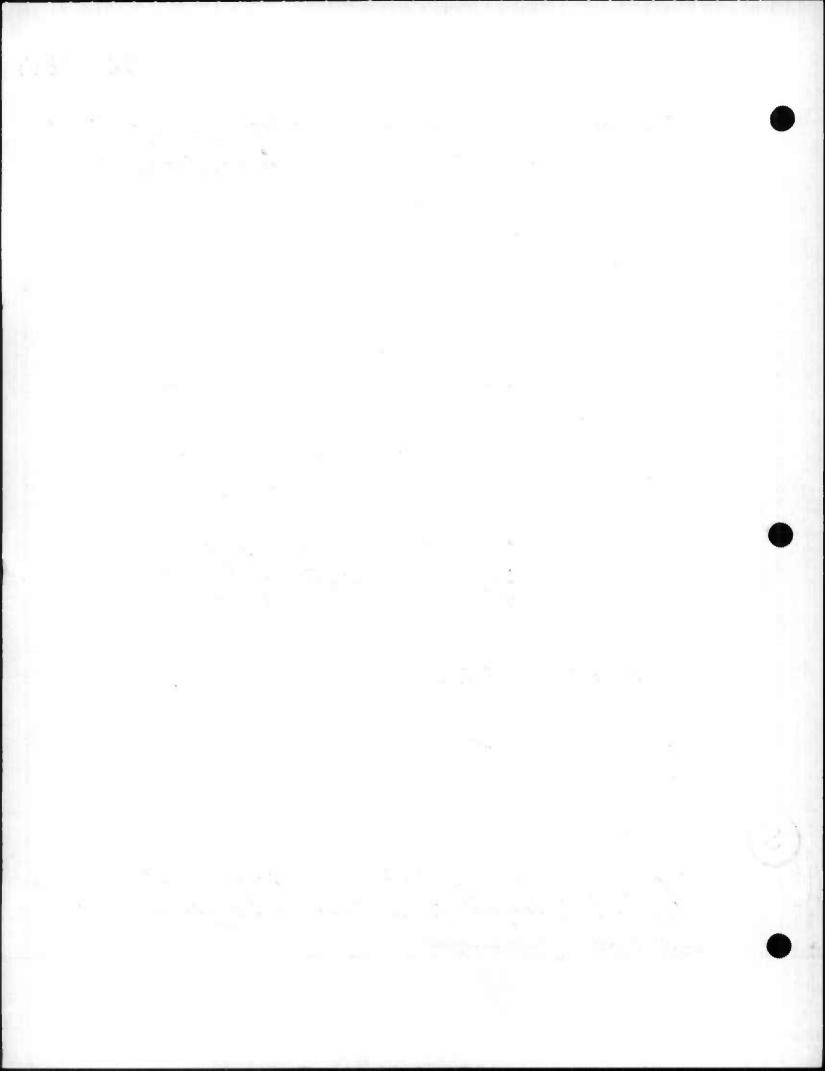
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1. DECEDENT'S NAME (First, Middle GORDON	Last)	-	TIFICATE OF	DEATH	REG. NO.	4 THE 42 THE
	L.	RI	CHARD	SONS	MONTH DA	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yga. last bir	thday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
220-40-6633	1 / 2 / F	49	YRS. MONTHS DAYS	HOURS MIN.	VOV 25	Washington, D
90. FACILITY NAME (If not institution	n, give street and number)	11	9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY OF DEATH
So. MAR		SPITAL	Chi	NION		PRINCE GEONG
RESIDENCE OF DECEDE  10a. STATE  Maryland	COUNTY	10	C. CITY, TOWN OR LOCA	TION		10d. INSIDE CITY
	Charles		Wa	ldorf		LIMITS? 1 YES 2 XXNO
10e. STREET AND NUMBER				r. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
723 Hatfield				20601		USA
10e. STREET AND NUMBER 723 Hatfield 11. MARITAL STATUS 1 Never Married 2 M Marrie	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED		CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATESA A		S 2 X NO Specify		Specify: Whit
15. DECEDENT	'S EDUCATION	16a. DECED	ENT'S USUAL OCCUPAT	ON	16b. KIND OF BUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	ind of work done during m NOT use retired.)	ost of working		
9th			Painter		Sel:	f-Employed
17. FATHER'S NAME (First, Middle, L				18. MOTHER'S NA	ME (First, Middle, Meiden	
	gsley Richards					Richardson
Linda J. Ricl					Route Number, City or Town	
20g, METHOD OF DISPOSITION					aldorf, Md	
1 M Buriel 2 Cremation 3 G	☐ Removal from State	cemetery, cremate	DATE OF DISPOSITION (A			CATION — City or Town, State
21. SIGHATURE OF FUNERAL ARRY		Cedar	22. NAME A	ND ADDRESS OF FA	CHITY	itland, Maryland
► 18441V.16	In		Geor	ge P. Ka	las Funera	l Home n Hill, Md. 20745
23. PART I. Enter the disease	a prepallediese that any	and the death	0100	OXOII III.	II Nu. UXO	ratory arrest,   Approximate
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO LOR A  OUF TO LOR A	S A CONSEQUE		teris	seles,	eleni en deserre
PART II. Other algorificent con	L a	h but not resu		g cause given in	Part I. 24s. WAS AN / PERFORI	MED? AMAILABLE PRIOR TO
		_/				
	HOSPITAL:	_	OTHER:	LACE OF BEATH (CN		
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1 THE 2 NO	1 Inputtent 2 M ERVO	-		ne 5 🗆 Residence		
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EXAMINED  1   FE 2   NO  27. MANNER OF DEATH  1   Netural S   Pending 2   Accident Unvestig	28a. DATE OF INJUR (Month, Day Hea pation) 28a. PLACE OF INJU	IY 28	b. TIME OF 38c. IN	JURY AT JAK? YES 2 1 HO	28d. DESCRIBE HOW IN	
EXAMINED  1   FE 2   NO  27. MANNER OF DEATH  1   Netural S   Pending	28a. DATE OF INJUR (More), Oay has patient 28a. PLACE OF INJUR building, etc. (5	IY 28	b. TIME OF 28c. IN W	JURY AT JAK? YES 2 1 HO	28d. DESCRIBE HOW IN	NURY OCCURED  Ind Number or Rural Route Number,
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EXAMINE OF DEATH    Meture   B   Pendin     Accident   Buinte   Could     Buinte   Could     Check only   CERTIFIER     Check only   DEDICAL ED	25s. DATE OF INJUI (Month, Day, the parties) 25s. PLACE OF INJUI building, etc. (5) 25s. PLACE OF INJUI building, etc. (5) 25s. PHYSICIAN: To the best of my kn AMINER: On the basis of exemina	IPY — At hame, howledge, death attorn and/or investor	tarm, street, fectory, officeron, in my opinion,	PURE 2 NO	28d. DESCRIBE HOW IN 28f. LOCATION (Street a: City or Town, State) to the cause(e) and manual time, data and placa, and IBER	nd Number or Rural Route Number, ner as stated. If dus to the cause(s) and manner as stated.
EXAMINE SP 1   ME 2   MO  27. MANNER O DEATH  1   Neturn   S   Pendin 2   Accident   3   Suitride   Continue 4   Homicide   Continue (Check only one)   2   MEDICAL E)  29b. SIGNATURE AND TITLE DF CE	25s. DATE OF INJUINATION OF THE MEDICAL PROPERTY OF TH	PRY — At hame, possible and/or investigation and/or	tarm, street, fectory, officeron, in my opinion,	PURE 2 NO	28d. DESCRIBE HOW IN 28f. LOCATION (Street a: City or Town, State) to the cause(e) and manual time, data and placa, and IBER	nd Number or Rural Route Number,  ner as stated.  If due to the cause(a) and manner as stated.  29d. DATE SIGNED (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020

TO THE COST IN CONTINUAR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

NECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be interest of the state Dept. or Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If I'lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

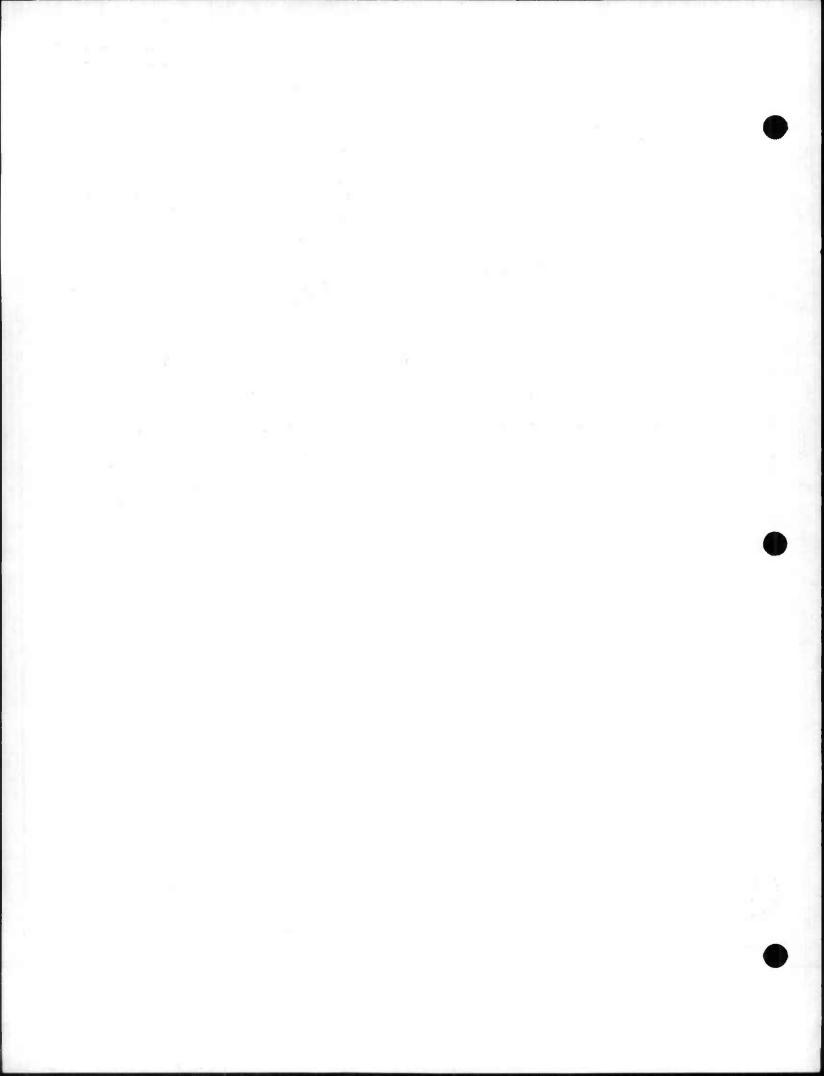
	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEF	PARTMENT	OF I	HEALTH DE AT	AND I			92	38225
	1. DECEDENT'S NAME (First, Middle, Last)		V-11.1	II IOAI L	<u>UI</u>	DEA	П	2. DATE OF DEA	. NO.		3. TIME OF DEATH
	SUDNEY- Rob	ins								2 YEAR	1252 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. last birtho			IF UNDER		7. DATE OF BIRT	N	8. BIRTHE	PLACE (State or Foreign
	217-30-8538  9e. FACILITY NAME (If not institution, give st		9 YR		DAYe	HOURS	MIN.	(Month, Day, Ye 12-29			WHILL, MD.
OR	Peninsula Regi	and the same of th				isbu		ATN		OMIC	
띮	RESIDENCE OF DECEDENT  10s. STATE 10s. COUNTY		100	CITY, TOWN O							
DIRECTOR	MD. WORC	ESTER		SNOWHIL		IIOM					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			SHOMILE	_	. ZIP CODE				IZEN OF WI	HAT COUNTRY?
NE		WHITON ROAD			2	1863				USA	
	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	13. W	MS DEC	ENDENT OF	F NISPAN	IC ORIGIN? (Speci n, Puerto Rican, et	y Yea or No —	14. RACE Black,	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES	1	_ YES	2 X NO	Specify	•		Specify	Black
TED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18s. DECEDEN	IT'S USUAL OC	CUPATIO	ON ast of working	0	166. KIND O	F BUSINESS/INC	DUSTRY	
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MC	17. FATNER'S NAME (First, Middle, Last)		LABORE	_R	_			SEAS			
	, , , , , , , , , , , , , , , , , , , ,	UNKNOWN				18. MOTH	ER'S NAM	NE (First, Middle, M.	siden Surname)		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS	(Street a	nd Number (	or Rural A	ROSA?	Town State Zin	Codel	
5	ROSA HALL			RESS S							
	20a. METHOD OF DISPOSITION 1 Burial 2 XCremation 3 Ramo	wal from State	Ob. PLACE AND DA	TE OF DISPOSIT	TION (Na	me of		DATE 20	LOCATION —	City or Tow	rn, Stata
	4 Donation 5 Other (Specify)	5	SALISBU	RY CRE	MAT	ORY		1-8-93	SNOWHIL	L RD	. SALIS. MI
	Deretta B	Citoga		30	CLE	PAPER	UR 17	TYCHAPE 21801	L, RTE.	2,	box 920
	23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that caus	sed the death. D	o not enter t	he mo	de of dyln	ng, auch	aa cardlac or i	eapiratory arr	eat,	Approximate
	IMMEDIATE CAUSE (Final	ist only one cause on	each line.								Onset and Death
	disease or condition resulting in death)	Chronic	Obstru	ctive	Pu	lmon	nary	Disea	se		years
7		DUE TO (OR AS	A CONSEQUENCE	E OF):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	E OF):							-
CA	CAUSE (Disease or injury	•									
F	that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	E OF):							
S		·									
	PART II. Other aignificant conditions	contributing to death	but not reaulting	ng in the und	eriying	cause gl	iven in F		S AN AUTOPSY REORMED?		WERE AUTOPSY FINDINGS
8								1	S 2 X NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
×								_ [			YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				00 84						
SIC	EXAMINER?	HOSPITAL:	stretient 3 DO	OTHER:		ACE OF DE					
¥.	27. MANNER OF DEATN	28a. DATE OF INJURY	7 28b. 1	TIME OF 2	Bc. INJU	JRY AT		Other (Specify) 28d. DESCRIBE N	OW INJURY OCC	URED	
BY F	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)		M	1 Y	RK? ES 2					
	3 Suicide 8 Could not be determined	28s. PLACE OF INJUR building, etc. (Sp	RY — At home, farm	n, street, factor	y, office			281. LOCATION (St City or Town, S	reet and Number	or Rural Roc	ute Number,
Ē.	AA OFFICE			====							
COMPLETED	(Check only	IAN: To the best of my kno	wiedge, death occ	urred at the tim	e, data	and place, a	and due to	o the cause(a) and	menner se state	ed.	
	2 MEDICAL EXAMINER	: On the basis of examinat	ion and/or investig	ation, in my opi	nion, de	ath occured	d at the ti	me, date and place	, and due to the	s cause(s) e	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	A . V	Danist	- 1/1 Ta		29c. LICEN		BER			Aonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	Deput			DOD	599			12-3	1-92
	John T. Bulkel	ey, M.D.,	108 P		Luf	f Rd	١.,	Salisb	ury, N	Id.	21801
4	JAN 0 5 1993	132. REGISTRAR'S SIG	hature handele						,		
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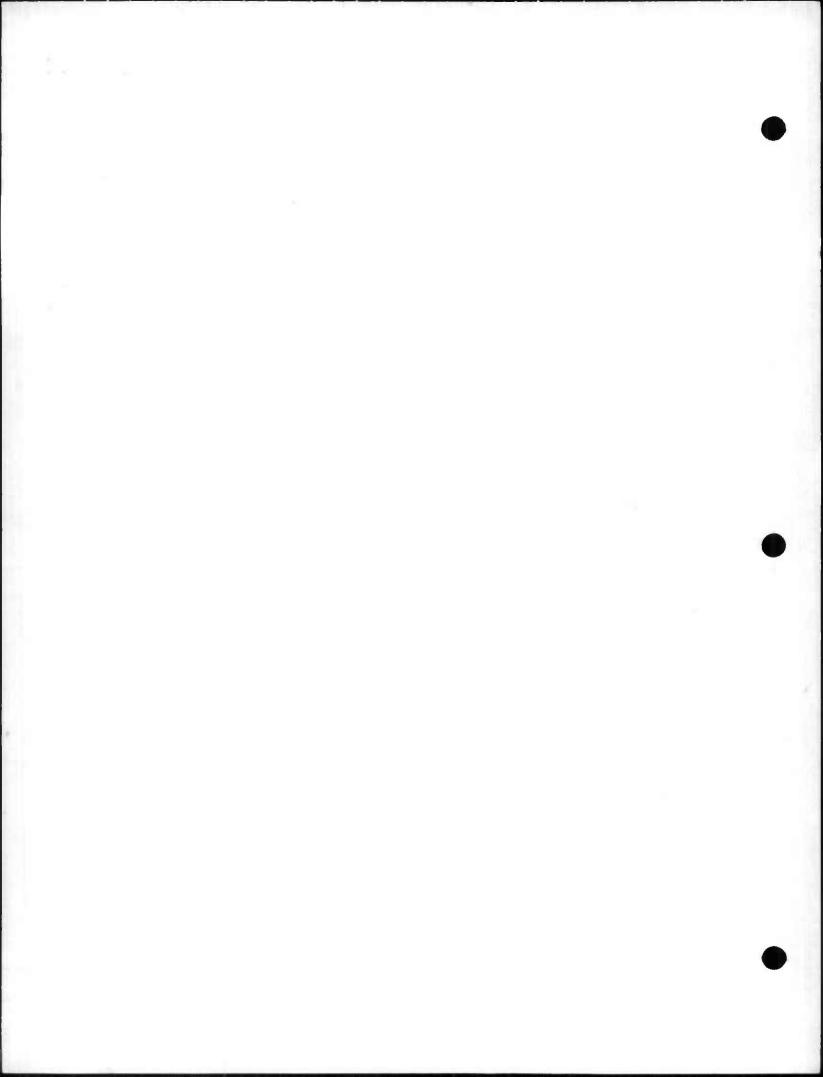
SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should in the State Detat, of Health and Mental Hydiene prior to burlat, cremation, or removal.	and the form of the second for a second seco
TO BE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	The FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in the after the after being and Mental Hyplene prior to burial, cremation	Marie Marie 14 Itania 90 In mendend on loan 99 about any Inline on other Section 64

	FOR 1 - STATE REGISTRAR		STATE OF N			RTMENT				MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First	Middle, Last)	MAGE	=	-NIB	ICATE	OF	DEAL		2. DATE OF DEATH MONTH		YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUME  316-03-04  90. FACILITY NAME (II not in	06	5, SEX 1   M 2   F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	2	Keh	ace (State or Foreign tucky
TOR	Suburban	Hospi	,				the	sda.	ON OF DE	АТН	Mon-		
DIRECTOR	D.C.	10b. COUNTY	one		10c. CIT	y, town o		ng to	n				Id. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1815 Jack							200	18		U	S.A	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 🔯 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. AR YES 2 XN WAR OR DATES	MED IO	100	f yes, sp	ENDENT O	n, Mexica	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)		Black, V	American Indian, White, etc. asian
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BE CON	17. FATHER'S NAME (First, M Francis	D.	Wright						Ma		rury		
10	Reta Sand	ers D	aughter	1	815	Jac.	kso	n St		toute Number, City or Tow E. Washin	gton	D.C	
	1 Burial 2 Crematic 4 Donation 5 Other 21. SIGNATURE OF FUNERA	(Specify)		20b.PLACE A cermetery, cres Oak		the place	eme			Eva		lle,	Indiana
	23. PART I. Enter the di	mare	1 Hur	nt .	eth Do					Hunt .N.E. Wa	sh.D	.C.	20018
	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure. I	List only one ceu	OR AS A CONSE		,		4	1 V 24	as cardiac or resp	iratory arre	, ,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions in any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or thjuthat initiated events resulting in death) LAS	diate ING Iry	DUE TO	OR AS A CONSECTION AS A CONSEC	AUENCE OF	-6 b	_ P.	heu	· nû				1 day
MEDICAL	PART II. Other significan Coromo Chrinica Possible	hent pulm v ppu	diseum	death but not not not not not not not not not no	L	ricl	dertying fib	LITY	atut	Part I. 24a, WAS AN PERFO	RMED?	O O	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	o médical	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 🗆 Nurs	t:	-		6 Other (Specify)			
ву РН		Pending Investigation	28a, DATE OF (Month, D		26b. TIM INJ	E OF JURY M	28c, INJ WO 1 1	RK?	NO	28d. DESCRIBE HOW	NJURY OCCU	RED	
ED	3 Suicide 6	Could not be datermined	26a. PLACE O building,	F INJURY — AI hor atc. (Specify)	me, ferm, I	street, facto	ory, office	1		281. LOCATION (Street City or Town, State)	and Number o	Rural Rou	te Number,
COMPLET	one) 2 MEDI	ICAL EXAMINE	R: On the basie of a							to the cause(e) and ma time, date and place, ar			nd manner as stated.
TO BE	30. NAME AND ADDRESS OF	un)	COMPLETED CAUS	-, M.S	27) (500	Pripat		29c. LICE	NSE NUM	97	29d. DATE	SIGNED (M	onth, Day, Year)
5-108	Sidhey 31. DATE FILED (Month, Day,	16ar)	CO HEN 32. REGISTRA	M.D	-1	210	-ohy	ressin	hol	Lane Ru	hoile	14	1) 20152
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BALTIMORE, MARYLAND 21215-0020	th. Page 6 may be retained by the hospital or attending physici:	neral director, page 5 should be detached for use as the burial-t
	n 24 hours after dea	nly filled in by the fur
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t
DIVISION OF	TAL DR ATTENDING PHYSICI	AL DIRECTOR: After this cert

	REGISTRAR  1. OECEDENT'S NAME (First	, Middle, Last)		-70	CERTI	ICAIL	<u>Or</u>	DEA	· · ·	REG. NO	).	1	3. TIME OF DEATH
- 8	Thomas		Wya	tt	Rut	herf	ord			12 19	) 19	92	7:50 P.
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	_	yrs. lest birthday	IF UNDER	YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH		a. BIRTH	PLACE (State or Foreig
	220-86-60	41	11 M 2 - F	1	6 YRS.	MONTHS	ONTHS DAYS HOURS MIN.		(Month, Day, Year) 01-28-76		Man.	yland	
	9a. FACILITY NAME (If not in	militution, give s	treet and number)			9b. CITY,	TOWN O	R LOCATI	ION OF DE			INTY OF DI	
DIRECTOR	Washingt	on Co	ounty Ho	ospi	tal	Ha	ger	sto	wn		Wa	shin	gton
E C	10a. STATE	10b. COUNTY	1		10c. C	TY, TOWN O	LOCAT	ION					10d, INSIDE CITY
듬	Maryland	Fred	lerick		ω	alker	svil	le					LIMITS?
AL	100. STREET AND NUMBER						_	ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	9902 Dubl	in Rd.						217	793		us	SA	
B	11. MARITAL STATUS 1 Never Married 2  3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO	- 511	yes, spi	cify Cubi	OF HISPAN nn, Mexica Specify	NC ORIGIN? (Specify Yon, Puerto Rican, etc.)	es or No-	14. RACE Black Specif	- American Indian, , White, etc. y: White
		EDENT'S EDU		1	16a. DECEDENT	S USUAL OC	CUPATIO	N N of works	lng.	166. KIND OF BU	JSINESS/IN	DUSTRY	
	Elementary/Secondary (		College (1-4 or 5	+)	Illa. Do NOT	use retired.)	anny mo	si or worki	ng				
COMPLET	11				Stude	nt_						le H.	igh School
	17. FATHER'S NAME (First, M Thomas W.		nland c	67						ME (First, Middle, Maide		. 0	
R	19a. INFORMANT'S NAME (		regoria, S	/ ( •	404 404 ***	0.4000000	(0)	_		rine Loui			rolla
임	Mr. & Mrs		Ruthon	hand						Ploute Number, City or To			
	20a. METHOD OF DISPOSIT	ION		20b. P	LACE AND DAT	OF DISPOSI	TION /Na	me of		DATE 20c.1	OCATION -	City or Tox	rn. State
	20a. METHOD OF DISPOSITION  1 \( \subseteq \text{Burlei} \) 2 \( \subseteq \text{Cremetton} \) 3 \( \subseteq \text{Removal from State} \)  4 \( \subseteq \text{Donatton} \) 6 \( \subseteq \text{Other (Specify)} \) \( \subseteq \text{Residency or other place} \)  Residency or other place)  Residency or other place)  Residency or other place)  Residency or other place)												
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. N	AME AN	O ADDRE	SS OF FA	CILITY			C 1110
	1 Xland	Can 2	2	1	. )					ral Homes , Frederi			700
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diate ING Iry	b	(OR AS A C	CONSEQUENCE	OF):							
: MEDICAL	PART II. Other aignifica		a contributing to	death but	t not resulting	in the und	lerlyling	cause	given in	Part I. 24a. WAS AI PERFO	RMED?	24b.	WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSBITAL					ACE OF O	DEATH (Ch	ack only one)			
YSICI	TY YES 2 NO		HOSPITAL:	ER/Output	lent 3 🗆 DOA	4 Nursi		5 🗆 Re	esidence	8 Other (Specify)			
PHY	27. MANNER OF DEATH  1 Notural 5	Pending	28a. DATE OF (Month, D			JURY	28c. INJU	PIK?		Driver			/Tree
B	2 Accident	investigation		9/199		2P.	1 🗌 Y		XNO	Tuibac.			
		Could not be determined	building,	etc. (Specify	At home, term	Road				281, LOCATION (Street City or Town, State			
9	29a. CERTIFIER										Brid		oad
COMP	(Check only									to the cause(a) and me time, data and place, a			
0 1		-	1 00			wri, iii my oc	mion, de						
Ö	296 SIGNAPORE AND TITLE	CENTRE	W. W	1	1			29c. LICI	ENSE MUN		29d. DAT		(Month, Day, Mer)
BE C	/ V A A									W 1994			
	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CALL	SE OF DEAT	A OTEM 27 (7)	n. Priori	_	_0	.C.N	4.E.	_	12/2	0/1992
BE	MAKIO TO	PERSON WHI	COMPLETED CAU	SE OF DIEAT			ree	t,		timore,	Mary	eltrafithekondith	0/1992 2120



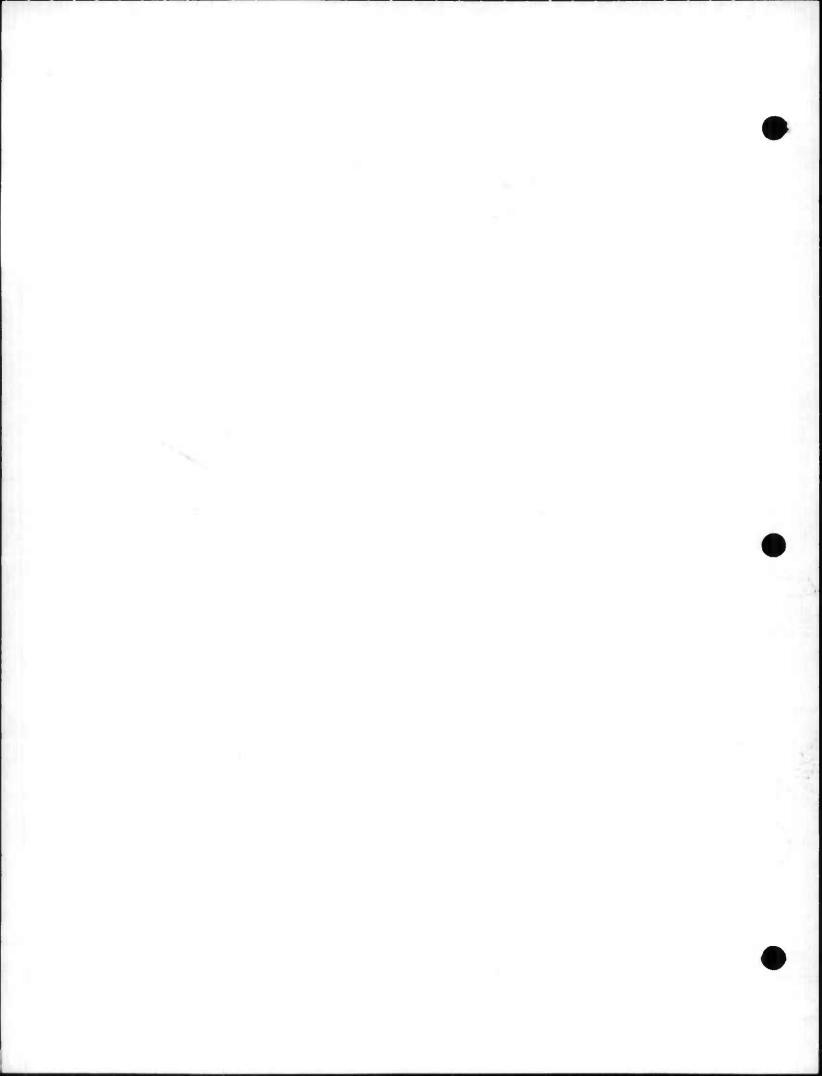
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE PAREAL DISCOURT Mare this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled to the state begs, of Health and Memal Hygiene prior to burial, cremation, or removal.

IMAGENANT II Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. UN ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SECTION OF SEC

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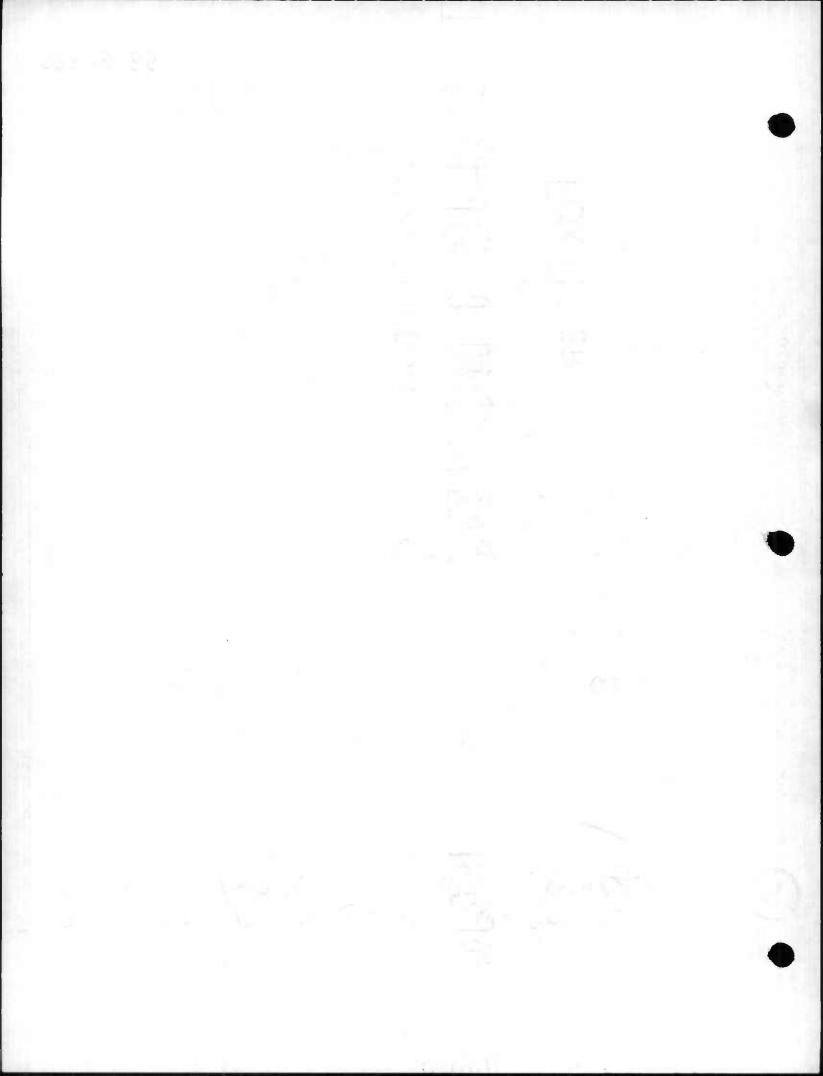
						92 38228
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
- 022		n Re	rid		2. DATE OF DEATH DAY	S. TIME OF DEATH
	856-70-8056	0 M 2 Dr 6	O YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. HTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	6. BIRTHPLACE (State or Foreign Courtin) I a III i a i ca, W.]
OR	Wash. Adventis		9b	Takoma Par		P.G.
DIRECTOR	10a. STATE 10b. COUNTY	s. / Le Aveo	C 10c. CITY, TO	OWN OR LOCATION / /		10d, INSIDE CITY
	HD HASS	tomacury	Ha	the sala to	jattsvill.	LIMITS? 1 YES 2 NO
FUNERAL	5409 16+n	WE #20	2	101, ZIP CODE	182	og. CITIZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Orvorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	13. WAS DECENDENT OF HISP, If yes, specify Cuban, Mexic 1 YES 2 TP NO Spec	en, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: S Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12) 1 2	10N   18   18   18   18   19   19   19   19	a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working tired.)	166, KIND OF BUSINE	SS/INDUSTRY EHENT Hove
ш	17. FATHER'S NAME (First, Middle, Last) Timothy Bolt	-			AME (First, Middle, Malden Surri	eme)
10 B	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Rura		
	Rennel Reid					sville, Md.20782
	1 Burial 2 Cremation 3 Remova	I from State cemeter	ry, crematory or other p	SPOSITION (Name of place) Heaven Cem.		ON - City or Town, State  . 1ver Spring Md
	21, SIGNATURE OF FUNERIAL SERVICE LICEN		<u>es or r</u>	22. NAME AND ADDRESS OF F	ACK ITY	L Mortuary
	> 2/mun V	A June	STEA !	1/25 Maryl	and Ave. N	•
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	polications that caused the	e desth. Do not	enter the mode of dying, su	ch ss cardiac or respirato	Pry arrest, Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition	THE STATE OF	L D			Onset and Death
	resulting in death) s	DUE TO (OR AS A CO	MSEQUENCE OF:	anne Disa	0 D. 24 d.	10-18 herr
N	Sequentially list conditions, b	Sustine	d true	e I grace	entina a	ota 12-16hrs
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TORON AS A CO	NSEQUENCE ON:	)	1	
IFIC	CAUSE (Disesse or injury that initisted events	DUE TO (DR AS A CO	INSEQUENCE OF):			
ERIT	resulting in death) LAST					
	PART II. Other significant conditions of	ontributing to death but	not resulting in th	ne underlying cause given in	Part I. 24s. WAS AN AUT	
MEDICAL	Hypota	Burn			PERFORMED  1 YES 2 D	COMBLETION OF CAUSE
	91					1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	***********	
SIC		OSPITAL:		HER: Numing Home 5 Residence		
ву Рну	27. MANNEN OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE DF INJURY (Month, Day, Year)	28b. TIME OF		28d. DESCRIBE HOW INJUI	RY OCCURED
0	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree	t, factory, office	281. LOCATION (Street and It City or Town, State)	Number or Rural Route Number,
COMPLET				the time, date and place, and du my opinion, death occured at th		as stated, as to the cause(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	2 40		29c. LICENSE NO	The state of the s	d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	In Falloma	1	Herch 45
	JAIME F. MARO	RdD	Carno 20	Dor talloma	Tank Md 7	0612



	SPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 "sours after death. Page 6 may be retained by the hos	MEMAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachn in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ALT Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	fter	MEAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	le:
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					DEATH	F			
1. DECEDENT'S NAME (First, Middle, Last)		ral				2. DATE OF MONTH Dec	DEATH DAY	1992	3. TIME OF DEATH
Herman W.	Robertse	n, Sr							7:15 P.
578-26-1397	5. SEX 6.	AGE (In yrs. last t	YRS. WONT	DER 1 YEAR	HOURS MIN.	7. DATE OF	<b>%6</b>	Cour	HPLACE (State or Foreign try) SS •
9e. FACILITY NAME (If not institution, give	street and number)		9b. 0	HTY, TOWN	OR LOCATION OF D	EATH	90	COUNTY OF	DEATH
Anne Arundel	Gen. Hosp	ital	2	Annar	olis		A	nne A	rundel
IOa. STATE 10b. COUN	TY	-	10c. CITY, TOV	H OR LOCA	TION				10d. INSIDE CITY
Md. Pr	ince Geor	rae's	Lo	thia	1				LIMITS?
10e. STREET AND NUMBER		. 90 0			f. ZIP CODE		10	a. CITIZEN OF	WHAT COUNTRY?
5184 Ed Pr	out Rd.		10		20711			U.S	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	ED	If yes, sp	DEENDENT OF HISPA Decity Cuben, Mexico 3 2 NO Specif	en, Puerto Rice		Ble	CE - American Indian, ck, White, atc. city: Black
15. DECEDENT'S ED (Specify only highest grad		16a. DECI	EDENT'S USUA kind of work do NOT use retin	L OCCUPATION of during m	ON ost of working	16b. Kii	ND OF BUSINE	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Taxi			Li	verv		
17. FATHER'S NAME (First, Middle, Last)		-	a ctar a	<u> </u>	18. MOTHER'S NA			name)	
Walter L. R	charteen					rtis			
WAITER L. K  19a. INFORMANT'S NAME (Type/Print)	obertson	Tari	MAN INC. ASS.						
	3				and Number or Rural		uny or fown, Si	rare, ZID Code)	
Herman W. Rob	ertson,Jı				10 abov	e			
20a. METHOD OF DISPOSITION  1 S Burlei 2 Cremetion 3 Re	moval from State	of cometany of	ND DATE OF E	ar placel		DATE		ION — City or	
Donation 5 Other (Specify)		Linc	oln M	em.	Cem. 1/	2/93	Suit	land,	Md.
1. SIGNATURE OF FUNERAL SERVICE I	LICENSEE			22, NAME A	NO ADDRESS OF FA	CILITY			
* Xanu	W. 12	150		H. S	.Washi	ngton	& So	ns, In	c.
disease or condition	. List only one cause	on sach line.	0		oda of dylng, suc				
MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	eDUE TO (OI		JENCE OF):						Interval Betwe
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	eDUE TO (OI	R AS A CONSEOL	JENCE OF):						Approximate interval Betwee Onset and Des
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IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OI  DUE TO	RAS A CONSEOL RAS A CONSEOL RAS A CONSEOL RAS A CONSEOL ROutpetient 3 (  ROutpetient 3 (  ROutpetient 3 (   ROutpetient 3 (    ROutpetient 3 (      ROutpetient 3 (	JENCE OF):  JENCE	28. F Nursing Ho 1	ode of dying, such	heck only one)  5 □ Other (S  28d. DESCR  25t. LOCATI City or  e to the cause time, date an	a. WAS AN AUTPERFORME YES 2  ON (Street and down, State)	TOPSY 2. D? NO  Number or Rura r as stated. ue to the ceuse	Interval Betwe Onset and Det I U YRJ  Nb. WERE AUTOPSY FINDING  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the state of the

30. NAME AND ADDRESS OF ELI 120 ZA

31. DATE FILED (Month, Day, Year)

JAN 08 1993

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

unsitw6

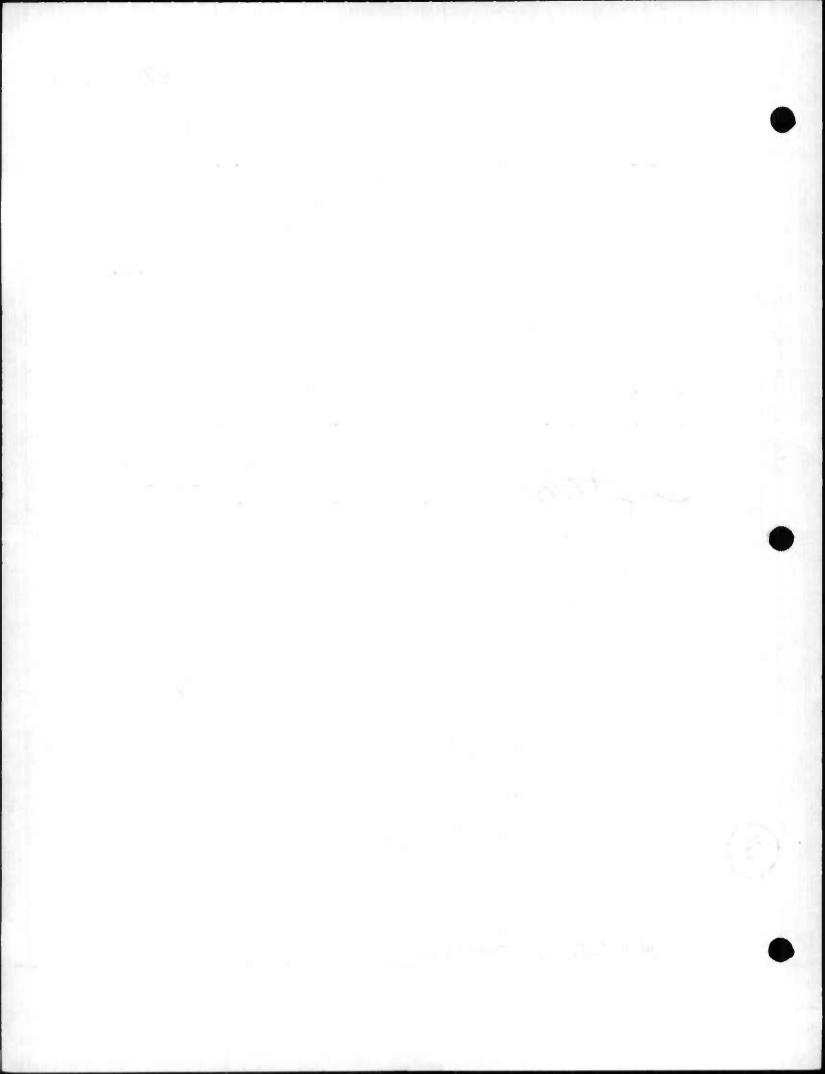
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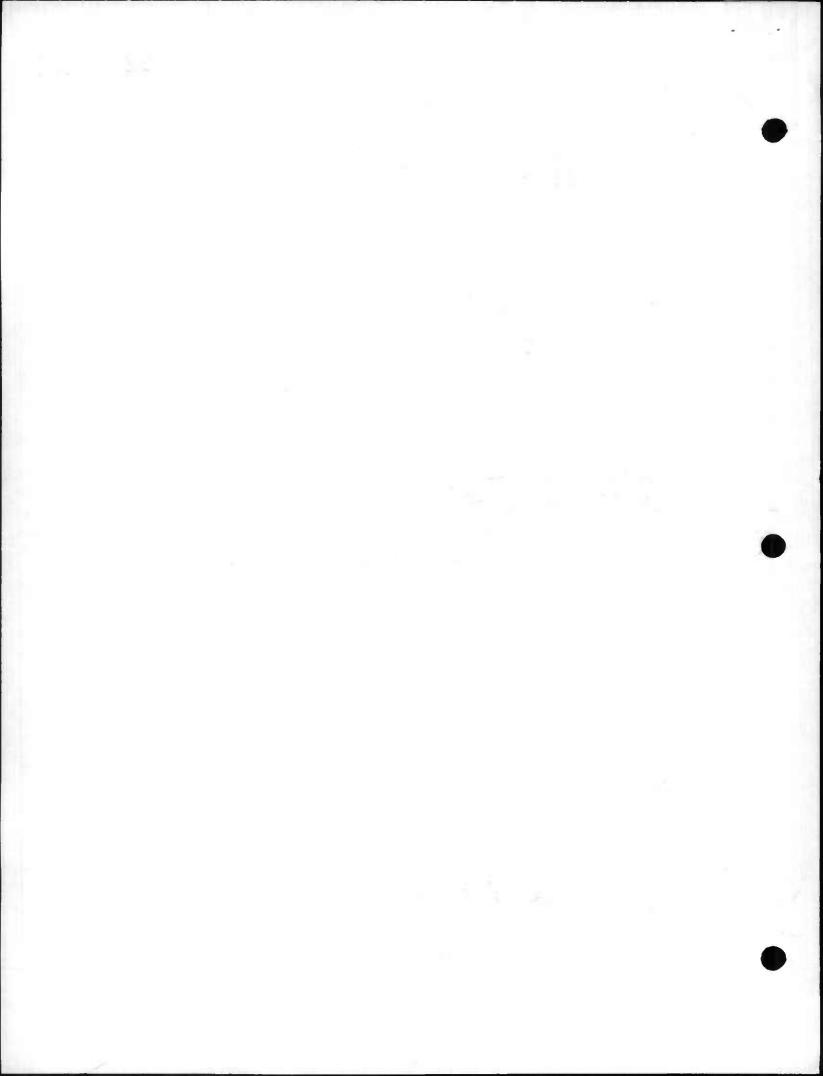
	FOR 1 - STATE REGISTRAR	STATE OF N					IEALTH A DEATH		IENTAL HYGIEI REG. NO	VE	2 38	3230
	1. DECEDENT'S NAME (First, Middle, Last)	m.	She	rr	11	1			2. DATE OF DEATH	74°	7992 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH		a. BIRTHPLA	CE (State or Foreign
	162-22-7089	1 M 2 N F	66	YRS.	MONTHS	DAYS	HOURS	MIN,	Feb. 6, 192	6	Pennsy	lvania
_	Pa. FACILITY NAME (If not institution, give		9b, CIT	Y, TOWN C	R LOCATION	OF DEA	TH		TY OF DEAT			
2	Washington County Hospital				Нас	ersto	wn			Wash	ington	
DIRECTOR	10a. STATE 10b. COUNT	Franklin		10c. CIT	ry, town	OR LOCAT	Gr	eenc	astle			I. INSIDE CITY LIMITS?
	10. STREET AND NUMBER  10. ZIP CODE  10. CITIZEN OF WHAT COUNTRY?											
ER/	13302 Ridge Rd						17225				J.S.A.	
BY FUNERAL	11. MARITAL STATUS  1  Never Merried 2 Merried  3 Widowed 4 Divorced				13	WAS DEC	ENDENT OF H	Mexican,	C ORIGIN? (Specify Y., Puerto Rican, etc.)			American Indian, hits, etc. White
0	15. DECEDENT'S EDU		16a. D	ECEDENT'S	USUAL	OCCUPATIO	ON .		16b, KIND OF BU	ISINESS/INDL	ISTRY	
E.	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5 +	) (C	Give kind of e. Do NOT u	work done so retired.,	during mo	st of working					
Į de	8			Homema	ker				her h	ome		
BE COMPLETED	17. FATHER'S NAME (First, Middle, Leet)  James O. Spiker  18. MOTHER'S NAME ( Maudy Spike						Sumame)					
TO 8	19a. INFORMANT'S NAME (Type/Print)  James E. Sherrill, Sr.  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)  13302 Ridge Rd. Greencastle, PA 17225											
	20b. PLACE AND DATE OF DISPOSITION   DATE   20c. LOCATION — City or Town, State   Competery, crematory or other place)   Parklawn Memorial Gardens   1/4/93   Chambersburg, PA    20b. PLACE AND DATE of DISPOSITION   Name of   DATE   20c. LOCATION — City or Town, State   20c. Location — City or Town											
SERTIFICATION	Approximate interval Between Onset and Death on Cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  List only one cause on each line.  Approximate interval Between Onset and Death onset and De								Onset and Death			
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.							24a. WAS AI PERFO	RMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		·			26 Pt	ACE OF DEAT	TH //Chan	k only one!			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 poa	OTHE	R:						
	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF	(Month, Day, Year) INJURY WORK?					28d. DESCRIBE HOW	INJURY OCCU	JRED		
тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify)					26t. LOCATION (Street City or Town, State	and Number o	r Rural Route	Number,		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the best of ex										f manner as stated.
TO BE O	29b. SIGNATURE AND TITLE OF CERTIFIE  O. N. NAME AND ADDRESS OF PERSON WITH	Mo					DZ.			≥ /2-	SIGNED (Mo	nth, Day, Year)

HOSPITAL.



IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be little with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	TO THE FAMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	THE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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1 - STATE REGISTRAR		CERT	IFICATE OF	DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Las	st)				2. DATE	OF DEATH		man.	3. TIME OF DE	ATH
OLIVER		ANCIS		SHAY	12	31	19	9 2 1	9:31	A
4. SOCIAL SECURITY NUMBER	1 🙀 M 2 🗆 F	6. AGE (In yrs. last birthe YF	day) IF UNDER 1 YEAR MONTHS DAYS 3	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) MBER 1,		Country	LATA. MD	
Se. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF E	EATH		9c, COUNT			
ST. MARYS HOS	LEONAR	RDTOWN			ST.	MA	RYS			
10a. STATE 10b. COU		10c	CITY, TOWN OR LOCA	TION					10d. INSIDE CIT	ſΥ
MARYLAND ST.	MARY'S	N	ÆCHANICSV	ILLE					LIMITS?	XNO
10e. STREET AND NUMBER			10	101. ZIP CODE 10g. CITIZEN O			EN OF W	HAT COUNTRY?	,	
11 CROSSWOODS				20659				ED S	TATES	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, o	CENDENT OF HISP/ pecify Cuban, Mexic S 2 NO Spec	en, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black, Spec//y WHI		dien,
15. DECEDENT'S E (Specify only highest on	DUCATION	16a. DECEDE	NT'S USUAL OCCUPATI	ION	168	. KIND OF BUS	SINESS/INDU		111	
Elementary/Secondary (0-12)	College (1-4 or 5+)	) We. Do N	d of work done during m OT use retired.)	ost or working						
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N						
MICHAEL FRANCI  19a. INFORMANT'S NAME (Type/Print)	S SHAY			ROBERTA						
MICHAEL FRANCI	S SHAY	11 (	LING ADDRESS (Street CROSSWOODS	DRIVE,	MECH	ANICSV	ILLE,	MAR		
1 Burial 2 Commetion 3 R 4 Donation 5 Other (Specify)	emoval from State	cemetery, crematory			DAT		CATION — C	100	300	
21. SIGNATURE OF FUNERAL BERVICE L'ENSEE  22. NAME AND ADDRESS OF FACILITY  BRINSFIELD FUNERAL HOME										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
		7	59 N	. WASHIN	IGTON	STREE	T, LE	ONAR		
23. PART i. Enter the diseases, o	or complications that re. List only one cause a. Sudder	caused the death. on each line. The fan	59 N	I. WASHIN	IGTON ch se cen	STREE	T, LE	ONAR	Approxir Interval Onset at	mata Between
23. PART I. Enter the diseases, c shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	a. Sudder DUE TO (c	Infan	59 N Do not enter the ma	. WASHIN	IGTON ch se cen	STREE	T, LE	ONAR	Approxim	mata Between
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23. PART I. Enter the diseases, on shock, or heart failure in the shock, or heart failure in the shock, or heart failure in the shock, or heart failure in the shock, or heart failure in the shock, or heart failure in the shock	a. Sudder  Bue To (c)  Due To	OR AS A CONSEQUENCE OR AS	Do not enter the mode of the property of the p	I. WASHIN ode of dying, su  I S S S S S S S S S S S S S S S S S S	Part I.  B Other  28d. DE:  WMBER	STREE  disc or respi  24a, WAS AN PERFOR  1 CYES 2  PY (Specify)  SCRIBE HOW II  CATION (Street or fown, State)	AUTOPSY TMED?  INDURY OCCU THE STATE OF THE	24b.  24b.  UREO  or Rural Ro  cause(s)  Signeo (	Approxitinterval Onset at Onse	FINDINGS R TO F CAUSE NO



be retained by the hospital or attending physician.

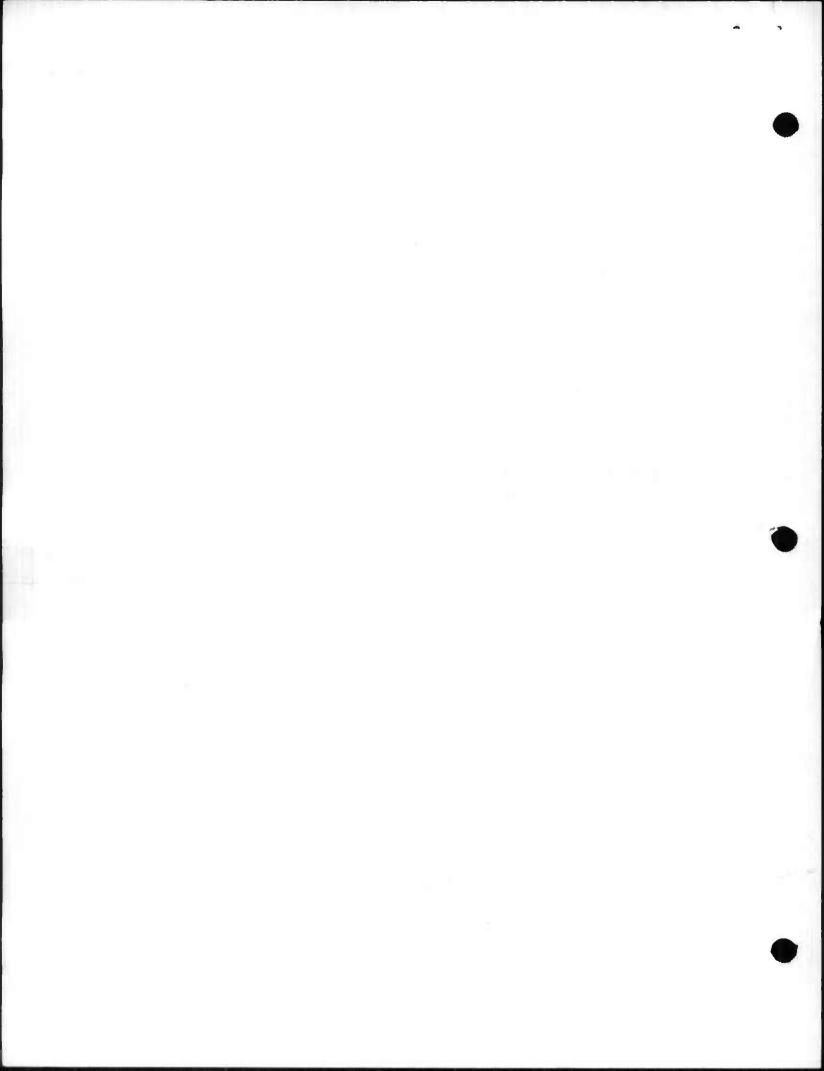
S should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146.

THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extracting after death. Page 6 may be retained by the host	E.M. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached 72 hours after death with the State Dect. of Health and Mental Hypiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
after death. Page	by the funeral dire moval.	ical examiner	
within 24 mours	pletely filled in t remation, or re-	ent, the med	
te be executed	sician and com prior to burial, c	traumatic ev	
 death certifical	e attending phy	ury, or other	
equires that the	of Health and N	hows any inj	
CIAN: The law r	ertificate has be the State Dept.	or Item 23 s	
TENDING PHYS	E.M. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f 72 hours after death with the State Deor, of Health and Mental Hyglene prior to burlal, cremation, or removal.	28 is marked,	
HILL OR AT	72 hours	T. If Item	

STATE OF MARYLAND / DEPARTME	NT OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICA	TE OF DEATH	REG. NO.

,	FOR 1 - STATE REGISTRAR	STATE OF MAR			F HEALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
1	IVAN ELWOOD		SCHNEIDE	?		DECEMBER	31 199	92	7:10 p M
j		5. SEX 6. A	GE (In yrs. lest birthdey	) IF UNDER 1 Y		7. DATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign
	214-07-2440	1 X M 2   F	88 YRS.		AYS HOURS MIN.	FEBRUARY 1	0 1904	WEST	VIRGINIA
~	9e. FACILITY NAME (If not institution, give street			9b. CITY, TO	OWN OR LOCATION OF D	EATH	9c. COU	NTY OF DE	ATH
DIRECTOR	PHYSICIANS MEMORI	AL HOSPITA	\L	LA PI	ATA		CHA	RLES	
E C	10e. STATE 10b. COUNTY	10c. C	ITY, TOWN OR	OCATION	-		T	10d. INSIDE CITY LIMITS?	
FI	MARYLAND ST. M	M	ECHANIC	SVILLE				1 YES 2 X NO	
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITI	HAT COUNTRY?		
ER	12 HOLMES ROAD				20659		UNI	TATES	
FUNERAL		12. WAS DECEDENT EVI FORCES? 1 1 Y	ER IN U.S. ARMED		S DECENDENT OF HISPA		Yes or No-	14. RACE Black.	- American Indian, White, etc.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR O						Specify	<i>r</i> :
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S USUAL OCCUPATION			18b, KINO OF	DI IONEGO INC	WHIT	NE.
COMPLETED	(Specify only highest grade co	ompleted)	(Give kind o	of work done duri use retired.)	ng most of working	16b. KINO OF	BOSINESS/INL	7031N1	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	SECU			GOVER	MENT	CONTTE	PACTOR
NO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meld		COIVII	CACTON
Ö	GEORGE SCHNEIDER				FLOREN	ICE MARKS			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (S	treet end Number or Rural		Town, State, Zip	Code)	
2	JUANITA S. MATTOX		P.O.	BOX 37	, CALIFORN	NIA. MARYI	AND 20	0619	
1	20e. METHOO OF DISPOSITION	T			of cemetery, cremetory or		LOCATION -		vn, State
	1 🔀 Burlel 2 □ Cremellon 3 □ Remov □ Donation 5 □ Other (Specify)	at from State	TRINITY N	MEMORIA	L GARDENS	1/5/93	WALDO	RF, M	IARYLAND
	21. SIGNATURE OF PUNERAL SERVICE LICE	ME C			ME AND ADDRESS OF F		AV VIII)		
	MICHAEL K. BLA	NIVENICUTD			RINSFIELD F N. WASHIN				OLOHO INFO
~	23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause of	on each line.		AR AC			reat,	Approximeta Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		AS A CONSEQUENCE						
	PART II. Other aignificant conditions	The state of the s	th but not reauitin	g in the unde	riying cause given ir		AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL	DEHYDRAT					1 □ YES	2 NO		COMPLETION OF CAUSE OF GEATH?
WEC	ATHEROSCL	EROTIC	HEA	RT	DISEASE	5_			1   YES 2   NO
ž	DIABETE:	S ME	LLITU	15-					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH (C	theck only one)			
YSI	1 WES 2 TATO	1 Dipatient 2 ER		4 - Nursin	g Home 5 🗆 Reeldence				
ву РН	27. MANNER OF DEATH  1 Netural 5 Pending investigation	(Month, Day, Ye		INJURY	IC. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED	
	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — Al home, ferr (Specify)	n, street, factor	, office	261. LOCATION (Str. City or Town, St		r or Rural R	oute Number,
COMPLETED	Check only	IAN: To the best of my	knowledge, death occ	urred at the time	a, dete end place, end du	se to the cause(e) end	manner ee ata	rted.	
ON	one) 2 MEDICAL EXAMINER	On the beele of exami	nation end/or investig	ition, in my opi	nion, death occured at th	e time, date end place	, end due to ti	he cause(e)	end manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	g 75%	01-		29c. LICENSE NU	JMBER	29d. DAT	TE SIGNED	(Month, Day, Year)
TO B	V. Mm	mazai	- John		D 26064			-1-0	13
E	30. NAME AND ADDRESS OF PERSON WHO		, , , , , ,						
and the	ANMANGANDLA VIDYASA			282 CF	ARLOTTE HA	LL MARYLA	ND 206	522	
	31. DATE FILED (Month, Day, Year)	Selia Saire	SIGNATURE Ison-Randall						
_		()							DHMH-16 Rev 1/89



Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	permit		
ATTENDING PHYSICIAN: THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ELIDE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT OF CERTIFICATE (	F HEALTH AND MEN OF DEATH	ITAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, L				DATE OF DEATH	YEAR 3. TIME OF DEATH		
	bert STEWA			12 28 199	2 1:00 a		
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF UNDER 1 Y	WE MOUTH AND	Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)		
197-28-0772 Se. FACILITY NAME (If not institution, g	1 ☑ M 2 □ F 5				Maryland		
Buena Vista Dri	ve, Highview A		WN OR LOCATION OF DEATH		rrett		
10a. STATE 10b. CO		10c. CITY, TOWN OR L	Ocation Oakland		10d. INSIDE CITY LIMITS?		
10s. STREET AND NUMBER			101. ZIP CODE	10g. CITIZ	EN OF WHAT COUNTRY?		
Buena Vista Dri	ve, Highview A	pts. #29	21550	US	A		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D.	2 NO If yo	OECENDENT OF HISPANIC O. s. specify Cuban, Maxican, Pu YES 2 NO Specify:	RIGIN? (Specify Yes or No— arto Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: White		
15. OECEDENT'S (Specify only highest g	EDUCATION CONTRICTOR	16a. OECEDENT'S USUAL OCCU		18b. KIND OF BUSINESS/INDU			
Elementary/Secondary (0-12)	College (1-4 or 8+)	(Give kind of work done during life. Do NOT use retired.)	g most or worrung				
10th		Steel Work	er	Steel Man	ufacturing		
17. FATHER'S NAME (First, Middle, Last)		93	18. MOTNER'S NAME (F	irst, Middle, Melden Surname)			
William Albo	ert Stewar		Opal		Tasker		
19a. INFORMANT'S NAME (Type/Print)				Number, City or Town, State, Zip (			
	etty Medina 5360 Black Oak Dr., Fairfax, Virginia 2						
20e. METNOD OF DISPOSITION  1 3 Buriel 2 Cremation 3 1  4 Donation 5 Other (Specify)	Ramoval from State	netery, cremetory or other place)  1.0.0.F. Ceme	N(Name of tery	DATE 20c. LOCATION — C /2 Elk Gard	len, West VA		
21. SIGNATURE OF FUNERAL SERVICE	A Monday	22. NAN	Stewart Fun 32 S. Secon		nd MD 21550		
23. PART I. Enter the diseases ahock, or heart fello IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	Gastro-int DUE TO (OR AS A Peptic Ulc	estinal Hemmor A consequence of): er		cordine or respiratory arre	Approximate interval Batwee Onset and Dea Hours  Weeks		
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	f any, leading to immediate cause. Enter UNDERLYING Cause (Disease or Injury hat initiated events  OUE TO (OR AS A CONSEQUENCE OF):						
History of a		ut not resulting in the under	lying cause given in Part	1. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 57 NO	24b. WERE AUTOPSY FINDINGS WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
			6. PLACE OF DEATN (Check or	Ar one)			
25. WAS CASE REFERRED TO MEDICA	\L		THE OF BEATH POWER OF				
EXAMINER?	HOSPITAL:	OTHER:	A TOTAL				
		estient 3 🗆 DOA   4 🗀 Nursing	Home XX Residence 6		IRED		
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  XX Natural 5 Pending 2 Accident Investigati	HOSPITAL: 1 inpetient 2 inpeti	28b. TIME OF 28c INJURY M 1	. INJURY AT 28d. WORK?	DESCRIBE NOW INJURY OCCU			
EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATN  XX Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)  1 be 28a. PLACE OF INJURY building, etc. (Spec	28b. TIME OF 18 11 11 11 11 11 11 11 11 11 11 11 11	. INJURY AT 28d. WORK?				
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  N Natural 5 Pending Investigate 3 Suicide 6 Could not detarmine  29e. CERTIFIER 1 CERTIFYING PR	HOSPITAL: 1 Inpatient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)  to 28a. PLACE OF INJURY building, etc. (Spec	28b. TIME OF 28c INJURY M 1  — At homs, farm, street, factory, ledge, death occurred at the time,	. INJURY AT WORK?  YES 2 NO 28f.  date and place, and due to the	DESCRIBE NOW INJURY OCCU LOCATION (Street and Number of City or Town, State) Cause(s) and manner as stated	r Rumi Route Number,		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigate  2 Accident Investigate  3 Suicide 6 Could not detarmine  29e. CERTIFIER 1 CERTIFYING PR	HOSPITAL:  1 Inpatient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special  NYSICIAN: To the bast of my knowledges)  MINER: On the basis of axaminettor	28b. TIME OF 28c INJURY M 1  — At homs, farm, street, factory, ledge, death occurred at the time,	INJURY AT WORK?  YES 2 NO  Office 28f.  date and place, and due to the time,	DESCRIBE NOW INJURY OCCU LOCATION (Street and Number of City or Town, State)  cause(s) and manner as stated data and place, and due to the	r Rural Route Number,  1. cause(s) and menner as stated.		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Accident  3 Suicide 6 Could not determined  4 Nomicide determined  29e. CERTIFIER (Check only one)  21 MEDICAL EXAMINER?	HOSPITAL:  1 Inpatient 2 ER/Outp  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special  NYSICIAN: To the bast of my knowledges)  MINER: On the basis of axaminettor	28b. TIME OF 28c INJURY M 1  — At homs, farm, street, factory, ledge, death occurred at the time,	. INJURY AT WORK?  YES 2 NO 28f.  date and place, and due to the	DESCRIBE NOW INJURY OCCU LOCATION (Street and Number of City or Town, State)  cause(s) and manner as stated data and place, and due to the  29d, DATE	r Rural Route Number,  1. cause(s) and menner as stated.  SIGNED (Month, Day, Year)		
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN    Natural   S Pending Investigate   Accident   S Ucicle   S Could not detarmined   Nomicide   CERTIFYING PROTECTION	HOSPITAL:  1   Inpatient 2   ER/Outp Inpatient 2   Review    28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spected of Market of Market of Market of Market of Market of Miner: On the basis of examination	attent 3 DOA 4 Nursing  28b. TIME OF 28c INJURY M 1  — At home, farm, street, factory, ledge, death occurred at the time, n and/or investigation, in my opinion  At (ITEM 27) (Type, Print)	INJURY AT WORK?  YES 2 NO 28f.  data and placa, and due to the time, death occurred at the time,  29c. LICENSE NUMBER  D 05658	DESCRIBE NOW INJURY OCCU LOCATION (Street and Number of City or Town, State)  cause(s) and manner as stated data and place, and due to the  29d. DATE  De Co	r Rural Route Number,  1. cause(s) and menner as stated.		

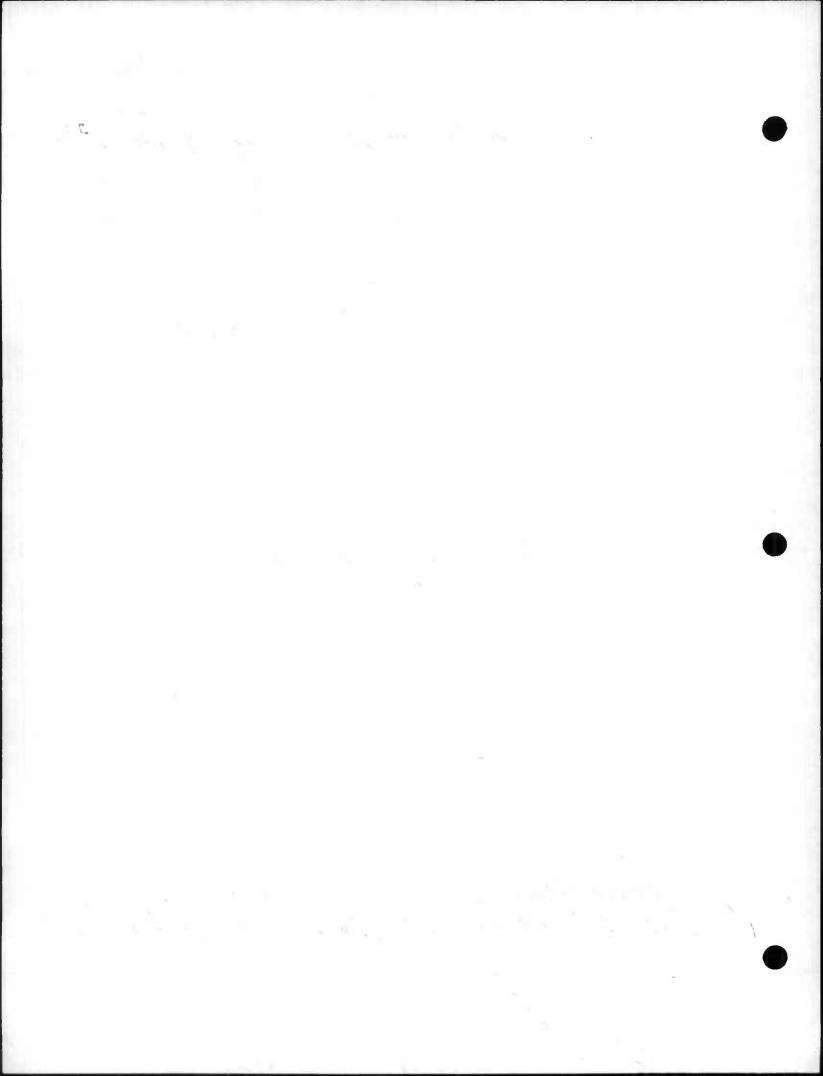
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SEC. 8 NA

	MTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	RAL_DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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,	With	nplet	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Veni
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	1 - STATE REGISTRAR	STATE OF MARYL		IT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
		LORINE		ANN	2. DATE OF DEATH DAY	1 92 515 PM	
		□ M 2 1€ 78	YRS. MONTHS		06/13/14	8. BIRTHPLACE (State or Foreign Country) So.Carolina	
DIRECTOR	SOUTHERN W		PIJAL C	LINTON	DEATH	RINCE GEORGE	
JIRE	MARYLAND PRINCE	GEORGES CLINTON				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			101. ZIP CODE	1	1 ☑ YES 2 ☐ NO 0g. CITIZEN OF WHAT COUNTRY?	
FUNERAL	9704 Hale Drive			20735		nited States	
B⊀	11. MARITAL STATUS  1  Never Married 2 Merried  3  Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 NO	I. WAS DECENDENT OF HISF If yes, specify Cuben, Mexi 1 YES 2 NO Spe		No- 14. RACE — American Indian, Black, White, etc. Specify: Black	
TED	16. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	18e. DECEDENT'S USUAL (Give kind of work don	during most of working	16b. KIND OF BUSINE		
COMPLET	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Domestic	)	Privat	e	
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Meiden Sun		
BE (	DAVE STOVER				ISE IZZARD		
0	BETTY L. HAWKINS	(DAUGHTER)			el Route Number, City or Town, S Linton, Md. 20		
	20a. METHOD OF DISPOSITION 15€XBurlel 2 □ Cremation 3 □ Remova	20b.	PLACE AND DATE OF DISPO	SITION (Name of		70N — City or Town, State	
	4 Donation 5 Other (Specify)	F	t.Lincoln C		2/30/92 Brent	wood, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	2		ALEXANDER S.	FACILITY POPE FUNERA	L HOMES	
	23. PART I. Enter the diseases, or con	my to	11055	5538 Marlbon	o Pike Dist	Hts Md 20747	
	ahock, or heart failure. Lis IMMEDIATE CAUSE (Final	SEPSIS	CONSEQUENCE OF):		or respond	Approximate Interval Batween Onset and Death	
N	Sequentially list conditions,	CANGRENE	LEFT LOW	JER EXTREN	1,74		
CERTIFICATION	if any, leading to immediate	ATHEROSC	CONSEQUENCE OF):  LEROTIC  CONSEQUENCE OF):	CARDIOVA	ASCULAR S	DISEASE YEARS.	
	PART II. Other aignificant conditions of	contributing to death by	ut not resulting in the	Indedving cause given i	In Part I. 24s. WAS AN AUT	TOPSY 24b. WERE AUTOPSY FINDINGS	
BY PHYSICIAN: MEDICAL	END STAGE RE				PERFORME 1 □ YES 2 Å	00 000 000 000 00	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OCCUTAL		28. PLACE OF DEATH (	Check only one)		
YSI	1 TYES 2 NO 1	OSPITAL: Inpetient 2 ER/Outpe		R: irsing Home 8 - Residence	8 C Other (Specify)		
ву рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW INJURY OCCURED		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Special	At home, term, streat, ta	tory, office  281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED					ue to the cause(a) and menner he time, date and place, and di	as stated.	
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER	ela G	wha m.	29c. LICENSE N	116	od. DATE SIGNED (Month, Day, Year)  12-26-1992	
F	PAMELA GUH	A 8926	WOOD	VARD RO	AD #5	01 20735	
4	31. DATE FILET (Mogith, Day, 1987) 1992	32. REGISTRAPÉ SIGNA	TURE Pandall				

			CERTIF	ICATE OF	DEATH	REG. NO.	
	1. DECEDENT'S NAME (Firsty Middle, Lest)	Winsto				2. DATE OF DEATH MONTH  12-29-	92 YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  007-20-5657  9a. FACILITY NAME (If not institution, give	1 ☑ M 2 🗆 F	(In yrs. leat birthday)	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-2-28	BIRTHPLACE (State or Foreit Country)  Maine
CTOR	SO MANY/AN	IP HOSPI	THE		OR LOCATION OF DE	ATH 9c.	PNNCE BEOL
DIRE		nce George'		ry, rown on Loc. Clintor			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 \( \overline{\text{U}} \) NO
FUNERAL	100. STREET AND NUMBER 5401 Pizarro	Court		1	01. ZIP CODE 20735		USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify		
COMPLETED	16. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S (Give kind of Mp. Do NOT u DISDET	USUAL OCCUPAT work done during in inse retired.) CSING ( Afeway	oon oost of working Officer	Naval A	s/MDUSTRY ir Facility
	17. FATHER'S NAME (First, Middle, Last)	£				ME (First, Middle, Malden Sumai	me)
TO BE	Fred A. Sheaf		19b. MAILING	3 ADDRESS (Street		VS Meserve Route Number, City or Town, State	
Ī	Dorothy D. Sh		S &		10a10		N — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	Sat S	d the death. Do	Clin	ton Mary	vland 20735	y arrest, Approximat
TIFICATION	disesse or condition	Carcenon	ra Di	The le	mo, m	elastates	Onset and
RTIFI	disesse or condition	DUE TO (OR AS /	A CONSEDUENCE O	F):	ing, m	elastate	Onest and I
AL CERTIFI	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A DUE TO (DR AS A	A CONSEQUENCE O	P):	•		PSY 24b, WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO (OR AS A d	A CONSEQUENCE O	in the underlyle	•	Part i. 24e. WAS AN AUTO PERFORMED? 1 □ YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PSY 24b, WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b.  DUE TO (OR AS A  d.  DUE TO (DR AS A  d.  HOSPITAL: 1   Inpatient 2   ERVout	A CONSEQUENCE O	in the underlyle  26. F  OTHER: 4 □ Nursing Hotel	PLACE OF DEATH (Che	Part I. 24a. WAS AN AUTO PERFORMED?  1 YES 2 2 446	PSY 24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1	DUE TO (OR AS A  DUE TO (OR AS A  d.  ns contributing to death to  HOSPITAL: 1   Inpetient 2   ER/Out; (Month, Day, Year)  28e, PLACE DF INJURY  28e, PLACE DF INJURY	A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	in the underlyle  26. F  OTHER: 4   Nursing Hotel of Viry W  M 1	PLACE OF DEATH (Che	Part I. 24e. WAS AN AUTO PERFORMED?  1 YES 2 AM  ock only one)  8 Other (Specify)  28d. DESCRIBE HOW INJURY  28f. LOCATION (Street and Nu	PSY 24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if arry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  W YES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A  DUE TO (OR AS A  d.  Mospital: 1   Inpatient 2   ER/Out (Month, Day, Year)  28e, PLACE DF INJURY building, etc. (Special Control of the Dest of my known control or my kn	A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	In the underlying 28. F OTHER: 4   Nursing Hotel E OF 28c. IN URY M 1   street, factory, offi	PLACE OF DEATH (Che me 5   Residence JURY AT ORK? YES 2   ND	Part I. 24e. WAS AN AUTO PERFORMED?  1 YES 2 AM  ock only one)  8 Other (Specify)  28d. DESCRIBE HOW INJURY  28f. LOCATION (Street and Nu City or Town, State)	Onset and  Onset and  PSY 24b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?  1   YES 2   NO  OCCURED  Imber or Rural Route Number, a stated.
ED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if arry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMPLER?  W YES 2 NO  27. MANNED OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A  DUE TO (OR AS A  d.  DUE TO (DR AS A  d.  HOSPITAL: 1   Inpatient 2   ER/Out (Month, Day, Year)  28e. PLACE DF INJURY building, etc. (Special of the company)  BICIAN: To the best of my know  ER: On the basis of examination	A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	In the underlying 28. F OTHER: 4   Nursing Hotel E OF 28c. IN M 1   street, factory, offi	PLACE OF DEATH (Che me 5   Residence JURY AT ORK? YES 2   ND	Part I. 24a. WAS AN AUTO PERFORMED?  1 YES 2 JAM  24d. VICE 1 JAM  25d. Other (Specify)  26d. DESCRIBE HOW INJURY  26f. LOCATION (Street and Nu City or Yown, State)  to the cause(s) and manner at time, date and place, and due	PSY 24b. WERE AUTOPSY FINA AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO VOCCURED



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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIFIC	ATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, L	est)					2. DATE OF	DEATN		3. TIME OF DEATH
Arthur	Fred	Sigel				12	DAY	92	C. EE
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest t	nirthriau) sc	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	DIRTH C		HPLACE (State or Foreign
214-32-1742	1 M 2 □ F	59	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Di	ny, Year)	Count	W Jersey
9a. FACILITY NAME (If not institution, g	and the same				OR LOCATION OF D			COUNTY OF E	
SALTSBURY NURSTN RESIDENCE OF DECEDENT					RY, MD.	21801		WICOMI	
Maryland W:	icomico		Ede	DWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER Carleton Lane 11. MARITAL STATUS				10	1. ZIP CODE 21822		10g	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AMM YES 2X NO MAR OR DATES	ED	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2 XNO Spec	an, Puerto Rice	ipecify Yea or No n, etc.)	0 14. RACI Blac Spec	E — American Indian, k, White, etc.
	EDUCATION	16a DECE	DENT'S USE	JAL OCCUPAT	ON	145 144	ND OF BUSINES		hite
(Specify only highest g	College (1-4 or 5	+) (Give	kind of work to NOT use re	done during m tired.)	ost of working				
6 17. FATHER'S NAME (First, Middle, Lest)		1000	d pre	parati	OTI 18. MOTHER'S N	-	estaura		
Rudolph Frank							Marshal	/	
19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	and Number or Rural	Route Number,	City or Town, Stell	te, Zip Code)	
harold Sigel					, Eden,				
20e. METHOD OF DISPOSITION 1	Removal from State	206. PLACE AN cometery, creme Salisbu			ry	12/3	Salisb	ury, M	The second secon
21. SIGNATURE OF FUNERAL SERVICE	UCENSEE O	7		22, NAME A	ND ADDRESS OF F	ACILITY			
WX MI	140462	Um-		501 5	Snow Hil	l Rd	Salisb	ury, M	d. 21801
23. PART 1. Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only pna cau	use of each lina.	n. Do not d	entar the mo	oda of dying, suc	ch ee cerdiec	Dr respirator	y arreat,	Approximata Interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediate	- De	(OR AS A CONSEOU	Ca						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEQU	ENCE OF):						
	d								
PART II. Other significant condi	tions contributing to	death but not rea	uiting in th	ne underlyin	g cause given in		PERFORMED?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
						100 000			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN	HOSPITAL:		Q	HER:	LACE OF DEATH (C				
27. MANNER OF DEATH	28a. DATE OF	ER/Outpetlant 3	28b. TIME OF		Ne 5 - Residence				
1 Natural 5 Pending 2 Accident Investigation	(Month, D		INJURY	W	YES 2 NO	28d. DEŞCHI	BE NOW INJURY	OCCUREO	
3 Suicida 6 Could not	28s. PLACE O building,	F INJURY — At home etc. (Specify)	, farm, street	t, factory, offic	•	281. LOCATIO City or To	N (Street and Nu wn, State)	imber or Rural F	loute Number,
	IYSICIAN: To the best of IINER: On the basis of a								) and manner as stated.
29b. SIGNATURE AND TITLE OF CERS					29c. LICENSE NU				(Month, Day, Year)
1/////	W/				029	349	<b>&gt;</b>	12/	182
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS					/ /		//	7-1-
31. DATE FILED (Month, Day, Year)	32 DEGISTRA		4 HEAT	YAWHT	DRIVE,	SALISBI	URY, MI	21/80	)]
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) MARGARET SIMONDS 2. DATE OF DEATH 3. TIME OF DEATH JENNIE JENNIE YEAR 31 2:15 92 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 579-28-7770 73 1 M 2 F 9/3/19 Washington. use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Laurel Hospital Beltsville Prince George's 10b. COUNTY 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Prince George's Hyattsville 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3324 Gumwood Drive 20783 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 8 1 TES 2 NO Specify 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade detached for Elementary/Secondary (0-12) College (1-4 or 5+) 11th Binder Clerk control Data Corp 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ page 5 should be BE Salvatore Russo Vita Dimisa notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Gilbert S. Simonds. 4021 5th St., North Beach, Md. \_20714 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State director, p Must h Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify) Burial 2 Cremation 3 Res Lincoln Cemetery Brentwood, Md. 20722 examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral asch's Funeral Home, 4739 Baltimore Ave., Hvattsville, Md. 20781 medical 23. PARTA. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heart failure. List only one ceuse on each line. interval Between 6 IMMEDIATE CAUSE (Final Onset and Death the crimation, disease or condition se or condition\_ completely resperatou \ wel within traumatic event. DUE TO (OR AS A CONSEQUENCE OF): executed burial, oat ell Uma CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate physician 8 cause. Enter UNDERLYING CAUSE (Disease or injury certificatin other DUE TO (OR AS A CONSEQUENCE OF): that initiated events athending resulting in death) LAST 8 Mental Injury. ã PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY Heath and H shows any 1 TYES 2 NO OF DEATH? 1 YES 2 NO Deen PHYSICIAN: NE SPEC 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) H EXAMINER? State certificate HOSPITAL: OTHER: Hent 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) marked, or 2 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCUREO ij ä 1 Natural 5 Pending 1 TES 2 NO Accident BY (fest) Affer 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .11 8 Could not be determined COMPLETED STUR 氰 4 Homicide 28 hours CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated E FUNERAL D TO THE FUNERAL.
TO THE FUNERAL.
Do find within 72 h (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE . We 0 12 92 31 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CROSE OF DEATH (ITEM 27) (Type, Print) MARTIN MELLS W rende MN 1525 Orlance 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 199 5 3-0770

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ITAL RECORDS, P.O. BOX 68760,

DIVISIO

10

1. DECEDENT'S NAME (		STROBEL		- 1					2. OATE O	18,	1002	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NO. 387-16-94	MBER	5. SEX 1 X M 2 F	8. AGE (In yrs. 76	lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS, MIN,	7. DATE OF ORCE	BIOTH	915	Count	2:50 AM  NPLACE (State or Foreign ry)  SCONSIN
Homewood RESIDENCE OF D	Retire	street and number)					eric	ON OF DE		20, 1	9c. COUN	TY OF O	
10a. STATE Illinois	10b. COUNT				y, town o	OR LOCAT	TON						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
1700 Rob						101.	ZIP CODE	532				S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 1		12. WAS DECEDEN FORCES? IF YES, GIVE I	TEVER IN U.S. [X YES 2 [	ARMED NO	13.	WAS DECI If yee, spe 1   YES	ENDENT O	F NISPAN n, Maxica Specify	IIC ORIGIN?	Specify Year an, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, Whita, atc.
15, ( (Specify Elementary/Secondar 12	ECEDENT'S EDI only highest gred (0-12)	College (1-4 or 5		DECEDENT'S (Give kind of a life. Do NOT us Colle	work done se retired.)	during mos	st of workin	g		of Busi		USTRY	
17. FATHER'S NAME (First Paul St.)							18. MOTH		ME (First, Mid	die, Maiden S	urneme)		
Marjorie (		L - 1		19b. MAILING				or Rural F	loute Number,	City or Town,			
20a. METNOD OF OISPO	SITION		20b. PLAC	CEANDDATE	OF DISPOS	ITION/Nat	me of		DATE	200 1.00	ATION C	ltv or To	Md. 21701 wn, State
20a. METHOD OF OISPO: 1	SITION Inter (Specify)  RRAL SERVICE LI  diseases, or heart failure.	CENSEE  Complications the List only one cau  a.  DUE TO	CRUSED THE CRUSED THE	100255 deeth. Do nine.	or Dispositive Place   22.   1   1   1   1   1   1   1   1   1	emato NAME AN Reene 106 1	ory I D ADDRES Ey ar	Dec.  BS OF FAC	18, 1	20c. LOCA 1992 S	Smith Fun	sbui era	
20a. METNOD OF DISPO:  1	STION Filen 3   Renter (Specify)    RAL SERVICE LI  diseases, or heart failure.  Final  distions, rediate Ying signer	CENSEE  Complications the List only one cau.  DUE TO  DUE TO  C.	M Caused the se on each ii	MOO255  doeth. Do nine.	or Dispositive Place   22.	emato NAME AN Reene 106 1	ory I D ADDRES Ey ar	Dec.  BS OF FAC	18, 1	20c. LOCA 1992 S	Smith Fun	sbui era	mn, State  rg, Md.  1 Home  Md. 21701  Approximate interval Between
20a. METNOD OF DISPO:    Duriel 2   Cremi   Donation 5   Ot   Dona	STION Filen 3   Renter (Specify) RAL SERVICE LI  diseases, or heart failure. Final  distions, tediate Ying highly str	CENSEE  Complications the List only one cau  a.  DUE TO  DUE TO  d.	CRUSED THE SECOND TO THE SECOND T	100255  deeth. Do nine.	or Dispositive Place   22.	emate NAME AN Keens (06 )	ory I  D ADDRES  Ey au  East de of dyli	ec. s of face and Bi Chur	18, 1 2011Y asforcerch Sin es cerdle	20c. LOCA 1992 S	Fun Ceder atory srre	sbun sera ick st,	mn, State  rg, Md.  1 Home  Md. 21701  Approximate interval Between
20a. METNOD OF DISPO- 1 Duriel 2 X Crem. 4 Donation 5 OT 21. SIGNATURE OF FUNE Abock, or 11 MMEDIATE CAUSE ( disease or condition resulting in death) Sequentially list con- if any, leading to Immandate, leading to Immandate CAUSE (Disease or in that initiated evente resulting in death) Live	STION Filen 3   Renter (Specify)  RAL SERVICE LI  diseases, or heart failure.  Final  dittions, nedlate Ying plury  LIST  Cent condition	CENSEE  COMPICETIONS the List only one cet.  DUE TO C.  DUE TO d.  HOSPITAL:	CRUSED THE SECOND SCALA (INCOME AS A CONSTITUTE OF	CEAND DATE OF THE PROPERTY OF A CONTROL OF THE PROPERTY OF A CONTROL OF THE PROPERTY OF THE PR	OF DISPOSITION OF DIS	derlying	ceuse g	Dec. Is of fact Is of	Pert I. 20	a. WAS AN AI PERFORM	Fun Ceder atory srre	sbun sera ick st,	WIN, State  Cg, Md.  1 Home  Md. 2170  Approximate  Interval Between  Onset and Deat  WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO  COMPLETION OF CAUSE  OF OEATN?
20a. METNOD OF DISPO:    Duriel 2   Cremit	STION Filen 3   Renter (Specify)  RAL SERVICE LI  diseases, or heart failure.  Final  dittions, nedlate Ying plury  LIST  Cent condition	CENSEE  Complications the List only one cau.  DUE TO DUE TO d.  DUE TO d.  DUE TO d.	Coused the se on each is consequently of the second	CEAND DATE OF THE PROPERTY OF A CONTROL OF THE PROPERTY OF THE	or Dispositive Pice   22.	derlying  26. PLA  in ling Nome 28c. WOR	Ceuse g	Dec. Is of fact and Bi Chur Ing, such	Pert I. 20 Ck only one) G Other (S	a. WAS AN AI PERFORM	Fun Ceder atory srre	era ick	WIN, State  Cg, Md.  1 Home  Md. 2170  Approximate  Interval Between  Onset and Deat  WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO  COMPLETION OF CAUSE  OF OEATN?

ON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Jr.,

105€

MD 300 West Ninth Street, Frederick, Md. 21701

Smith,

1992

George

30. NAME AND ADDRESS OF PE

31. DATE FILEO (Month, Day, 2 ard

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BALTIMORE, MARYLAND 21215-0020	NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSE ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE TAKENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the farmer and with the State Dept. of Health and Mental Myglene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30	1. DECEDENT'S NAME (First, Middle, Last)					F DEA		2. DATE OF DEATH			3. TIME OF DEATH
		Wayne S	hober,	SR.				Dec. 22,	1992	YEAR	11:45 PM M
	4. SOCIAL SECURITY NUMBER 219-12-0286	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	_	R 24 HRS.	7. DATE OF BIRTH OCT. 9,	L924	8. BIRTH Peni	PLACE (State or Foreign
POR	98. FACILITY NAME (If not institution, give st 613 Wyngate Dr. RESIDENCE OF DECEDENT				9b. CITY, TOW Frede		ION OF D		9c. COU	eric	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	ATION					10d. INSIDE CITY
	Maryland Frede	erick			Freder	ick					LIMITS?
FUNERAL	613 Wyngate I					21	701			J.S.	A.
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? X IF YES, GIVE W 1945–19	TEVER IN U.S. AR X YES 2 DA AR OR DATES	MED	If yes,	ECENDENT specify Cub ES 2 X10	en, Mexico	NIC ORIGIN? (Specify Young, Puerto Ricen, etc.) y:	e or No-	14. RACE Black Specifi	- American Indian, , White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G)	ve idnd of w	USUAL OCCUPA rork done during	most of work	ing	16b, KIND OF BU			
MPL.	Elementary/Secondary (0-12)	College (1-4 or 5+	) Mi	crob	iologis	t		US Gove	ernme	nt	
BE CO	17. FATHER'S NAME (First, Middle, Last)  Ralph Emerso	on Shober				18. мот	HER'S NA	ME (First, Middle, Maidel	Sumeme)		
	19a. INFORMANT'S NAME (Type/Print)  Mrs. M. Frances Sh	nobor	198	MAILING	AODRESS (Street	and Number	or or Rural	Route Number, City or Too	vn, State, Zip	מל"ונ	1
	20a, METHOD OF DISPOSITION 1 & Burlet 2 Cremation 3 Remo		20b, PLACE A	ND DATE O	FDISPOSITION	Name of		OATE 20c, LO	CATION —	City or Tox	en State
-	4 Donation 5 Other (Specify)	ENSEE &	MC.	OTIA		TELY		24, 1992	rrede	LICK	, M
	· Richard &	. The	<b>№</b> MOO2	55	Kee	ney a	nd B	asford P.	A. Fu	nera	l Home Md. 21701
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failura. It is important to the constant of the constant	DUE TO	SA ON BED HER	WENCE OF	eart	-		sase	/		Approximate Interval Batween Onset end Death
- II	PART II. Other significant conditions	contributing to	death but not re	euiting is	the underlyi	ng cause	given in	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
_ [								PERFO		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL								1 _ YES :			DF DEATH?
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26.	PLACE OF D	EATH (Che	eck only one)			
HEDIOUE.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1 ☐ Inpetient 2 ☐	NJURY	DOA 28b, TIME	OTHER: 4 Nursing Ho			sck only one)  8  Other (Specify)			
THI SIGNAL MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	1 🗆 Inpetient 2 🗆	NJURY	□ DOA	OTHER: 4 Nursing Ho OF 28c, 19 IRY	me 5 🗆 Re	eldence	eck only one)			
DI THI SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 28e. PLACE OF Inpetient 28e. PLACE OF Inpetient 2 Inpe	NJURY	28b. TIME	OTHER: 4 Nursing Ho OF 28c. II IRY W M 1	me 5 Re	eldence	sck only one)  8  Other (Specify)	NJURY OCC	URED	1 YES 2 NO
DI THI SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1	NJURY y, Year)  INJURY — At hon tc. (Specify)  my knowledge, dee	28b. TIME INJU ne, term, st	OTHER: 4 Nursing Ho OF 28c. ft M 1 Treet, factory, off	me 5 Re JURY AT ORK? YES 2 Ce	NO NO	sck only one)  8  Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, Stete)	NJURY OCC	URED or Rural Ro	1 YES 2 NO
COMPLETED BY THISICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	1	NJURY y, Year)  INJURY — At hon tc. (Specify)  my knowledge, dee	28b. TIME INJU ne, term, st	OTHER: 4 Nursing Ho OF 28c. ft M 1 Treet, factory, off	me 5 Re JURY AT ORK? YES 2 Ce	NO NO	sck only one)  8  Other (Specify)  28d. DESCRIBE HOW  281. LOCATION (Street City or Town, Stete)	NJURY OCC	URED or Rural Ro	1 YES 2 NO
DE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF DESTRIFIER	28e. DATE OF I (Month, Da)  28e. PLACE OF building, e	NJURY , ther)  INJURY — At hone to (Specify)  my knowledge, deepmination end/or in	28b. TIME 1NJU ne, term, st th occurred revestigation	OTHER: 4	JURY AT ORK? YES 2 Ce	NO NO	28d. DESCRIBE HOW  28d. DESCRIBE HOW  28t. LOCATION (Street City or Rown, Stete)  to the cause(e) end ma-	NJURY OCCI and Number of there exists	URED  Or Rural Ro  d.  couse(e)	1 YES 2 NO
DE COMPLETED DI PRISICIANI MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	28e. DATE OF INMONTH, Department 2 Date OF INMONTH, Department 2 Date Of	INJURY — At hone of the company of t	28b. TIME 28b. TIME 10 th occurrent 27) (7)ps. 1	OTHER: 4 Nursing Ho OF 28c, th MY M 1 Treet, factory, off d at the time, de , in my opinion,	JURY AT ORK? YES 2 Ce e end piece, death occur	NO NO NO NO NO NO NO NO NO NO NO NO NO N	28d. DESCRIBE HOW  28d. DESCRIBE HOW  28t. LOCATION (Street City or Rown, Stete)  to the cause(e) end ma	NJURY OCCI	d. couse(e)	1 YES 2 NO

pull 3 select

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1 - FOR STATE REGISTRAR	SIAIE OF I	MARYLAND C	ERTIF					MEN IAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle,		Jane	Sell	ler <b>s</b>				2. DATE (	F DEATH D	4 9.	31	8:30 A.M
4. SOCIAL SECURITY NUMBER 579-26-5328	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR DAYS	HOURS	MIN,	7. DATE ( (Month)	Dey, Your)		Country)	ce (State or Foreign h Carolina
9a. FACILITY NAME (If not institution,							ON OF DE			9c. COUNTY	OF DEAT	Н
Fairland I	Nursing Cen	ter			Silv	er S	Sprin	<u>ng</u>		Mon	ntgo	mery
Fairland I RESIDENCE OF DECEDEN 106. CO Maryland	Montgomery		10c. CI	Y, TOWN C	RLOCAT		€	T				d. INSIDE CITY LIMITS? X YES 2 NO
100. STREET AND NUMBER 205 E. Ary	ryle St.		-		101	ZIP COD				10g. CITIZEN	USA	T COUNTRY?
10. STREET AND NUMBER 205 E. AT  11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. A I YES 2 18 MAR OR DATES	ARMED NO	8	If yes, sp	cify Cubi		n, Puerto R	? (Specify Yes lican, etc.)	or No- 14.	Specify:	American Indian, hite, atc.
15. DECEDENT: (Specify only highest Elementary/Secondary (0-12) 8 17. FATNER'S NAME (First, Middle, Le			DECEDENT'S (Give kind of life. Do NOT u	work done ise retired.)	during mo		ing	16b.		INESS/INDUS		
8 17. FATNER'S NAME (First, Middle, Le			Wat	itres	SS	18. MOT			fiddle, Meiden		nts	
19a. INFORMANT'S NAME (Type/Print							or or Rural I			n, State, Zip Co		
vasper zee be.	Llers							amasc		208		0
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 4 Donation 6 Other (Specify	)	Pir	e of disponding of the Green	ove C	emet	ery	12/		2 200. LO	fount		
21. SIGNATURE OF FUNERAL SERVI	Moleons	the			lin	L. I		swort	h, P.	A. cus, M	d. 2	0872
23. PART I. Enter the disease abock, or heart fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	ilure. List only ons ca		KE		r the mo	de of dy	ying, suc	h aa card	llac or reapi	ratory arres	ι,	Approximate Interval Between Onset and Deatl
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	۵	O (OR AS A CONS										
PART II. Other eignificant con	ditiona contributing to	o death but no	t resulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	C	ERE AUTOPSY FINDINGS AULABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	CAL				26. P	LACE OF	DEATH (C)	neck only or	10)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R: ming Nor	ne 5 🗆 I	Residence	6 🗆 Othe	er (Specify)			
III 1 MIRCUTAL S   PRINGIN	9	Day, Year)	28b. T	ME OF YJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE	SCRIBE NOW I	INJURY OCCU	RED	
3 Suicide 6 Could 4 Nomicide determ	28e. PLACE building	OF INJURY — At g, etc. (Specify)	home, ferm	, street, fa	ctory, offi	20			ATION (Street or Town, State)	end Number or )	Rural Roo	rte Number,
CONSTRUCTION OF THE PARTY OF TH	PNYSICIAN: To the best of											and manner as stated.
296. SIGNATURE AND TITLE OF BE	Tun M	M)		· · · ·		29c. LI	CENSE NU	MBER 94	2	29d. DATE S	SIGNED (	Nonth, Day, Year) 21 — 92
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CA	Lein	TEM 27) (Ty)	Print)	uv	el	N	10	フ	070	76	r.A COMP
31. DATE FILED (MOSTIN, Day Mari)	1992 Full	Laurdson	Handel	2	- 1							

BALTIMORE, MARYLAND 21218	TO THE CONTROL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten-	. TO THE RIMEM CHECTURE After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as		
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U DIVISION OF VITAL RECORDS, P.O. BOX 68760,	世 0	五日	be filed within Towers the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	* IMPORTANT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once
1 . 1,			A	-

	(First, Middle, Last)						2. DAT	REG. NO			3, TIME OF DEATN
	John	Arth	ur	SUM	MERS		Lecer	nber 2	1, 19	92	11:02 A.
4. SOCIAL SECURITY		5. 9EX		s. last birthday)	IF UNDER 1 YEAR		7. DATI	E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
218-36-		1 💢 M 2 🗆 F	79	YRS.			Jan	. 14,	1913	M	aryland
9a. FACILITY NAME (# 5729 01)	d Nation					on Location of rederick				Fred	erick
Maryland	10b. COUNT	rederick		10c, CIT	r, town on Loc	eation lerick					10d. INSIDE CITY LIMITS? 1 YES 2 NO
5729 Old		l Pike				101. ZIP CODE 217	'Ol		10g. CITI		S.A.
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4		12. WAS DECEDEN FORCES? 1 1F YES, GIVE V	YES 2	_XO	If yes,	ECENDENT OF NISP specify Cuban, Maxi ES 2 NO Specific	ican, Puerio	IN? (Specify Ye Rican, atc.)	a or No-	14. RACE Black Speci	- American Indian, t, White, etc.
15. (Specifi Elementary/Seconda	DECEDENT'S EDU y only highest grade ary (0-12)	JCATION e completed) College (1-4 or 5		Give kind of a	USUAL OCCUPA vork done during in a retired.)	TION most of working	16	b. KIND OF BU	SINESS/IND	USTRY	
11				Dairy	Framer	•		Fa	armin	g	
17. FATHER'S NAME (Fir						16. MOTHER'S N	NAME (First,				
John W. I		rs				Grace	Bake	er			
194. INFORMANT'S NAM						t and Number or Rura					
William I		rs, Sr.		6742 1	Mount P	hillip R	ld., I	rederi	ick, l	lary.	land 21702
20a. METHOD OF DISPO	netion 3 - Ram	novet from State	20b. PLA		F DISPOSITION				CATION —		
4 Donation 5 0			Moun	t Oliv	et Ceme	tery 1	2-23-	-92 Fre	deri	ck. I	Md. 21701
21. SIGNATURE OF FUN	ERAL SERVICE LIC	CENSEE	1 1		22. NAME	AND ADDRESS OF I	FACILITY				
July	erd Ci	C Dast	ne	M0002	I ve	eney and	bush	ord P.	Prood.	une	ral Home
23. PART I. Enter th	e diseees, or	complications the	ceused the	deeth, Do n	ot enter the m	node of dying, au	uch es car	diec or reep	ratory arm	eni.c	k. Md. 2170
shock, o	or libert islinte.	List only one ceu	se on eech l	line.		,,,		and or roop	ratory arre	rent,	Interval Batween
	(Cinal										
disesse or condition	n		,								Onset and Daath
disesse or condition resulting in death)	n	a. OUE TO	OR AS A CON	S/U-	C. 0	100	600	- 101	0	7	
	n	DUE TO	(OR AS A CON	SIC-	C 0	100	6 976	- 1 01	0	7	
reaulting in death) Sequentially list cor	nditiona,	b	(OR AS A CON	SEQUENCE OF	):	100	6 976	- 1 01	0	7	
Sequentially list could smy, leading to imcause. Enter UNDER	nditiona, nmedleta RLYING	b	(OR AS A CON	ISEOUENCE OF	):	100	6 976	- 6 1 00	0 000	7	
Sequentially list con if sny, leading to imcause. Enter UNDER CAUSE (Disease or that initiated evental	nditiona, imedieta RLYING Injury	b. DUE TO	(OR AS A CON	ISEOUENCE OF	):	100	e 97	- 01 00	0 0-02	7	
Sequentially list could say, leading to imcause. Enter UNDER CAUSE (Disease or	nditiona, imedieta RLYING Injury	b. DUE TO	(OR AS A CON	SEQUENCE OF	):	100	6 976	- 6 1 00	0	7	
Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or that initiated evental resulting in death) is	nditiona, imedieta RLYING Injury	b	(OR AS A CON	SEQUENCE OF	):					7	
Sequentially list collif sny, leading to imcause. Enter UNDEE CAUSE (Disease or that initiated eventaresulting in death) I	nditiona, medieta RLYING Injury LAST	b	(OR AS A CON	ISEOUENCE OF	):				AUTOPSY MED?	24b.	
Sequentially list collif sny, leading to imcause. Enter UNDEE CAUSE (Disease or that initiated eventaresulting in death) I	nditiona, medieta RLYING Injury LAST	b. DUE TO c. DUE TO d	(OR AS A CON	ISEOUENCE OF	):			24s. WAS AN PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Sequentially list collif sny, leading to imcause. Enter UNDEE CAUSE (Disease or that initiated eventaresulting in death) I	Inditiona, imediate RLYING Injury  LAST  Ificant condition	DUE TO  d	(OR AS A CON	ISEOUENCE OF	): ): n the underlyl		n Part I.	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
resulting in death)  Sequentially list coll sny, leading to imcause. Enter UNDEE CAUSE (Disease or that initiated eventa resulting in death).  PART II. Other algni	Inditiona, medicia RLYING Injury LAST  Ifficant condition  15 - 6 - 5	b. DUE TO c. DUE TO d	(OR AS A CON	ISEQUENCE OF	): in the underlyl  26.  OTHER:	ng ceuse given li	n Part I.	24a. WAS AN PERFOR 1  YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Sequentially list con if smy, leading to im cause. Enter UNDER CAUSE (Disease or that initiated eventa resulting in death) if the cause of the cause	Inditiona, imedieta RLYING Injury LAST  Ifficant condition  5-6-5	DUE TO  C. DUE TO  d. HOSPITAL:	(OR AS A CON  (OR AS A CON  deeth but no	SEQUENCE OF SEQUEN	):  in the underlyl  OTHER: 4   Nursing No. OF   26.	ng ceuse given in	n Part I.	24a. WAS AN PERFOR 1  YES 2	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Sequentially list con if smy, leading to im cause. Enter UNDER CAUSE (Disease or that initiated eventa resulting in death) if the cause of the cause	Inditiona, medicia RLYING Injury LAST  Ifficant condition  15 - 6 - 5	DUE TO  C. DUE TO  d. HOSPITAL:  1   Inpatient 2    28a. DATE OF	(OR AS A CON  (OR AS A CON  deeth but no	SEQUENCE OF	):  n the underly!  26.  OTHER: 4   Nursing Ho  OF 28c. IF  MRY 28	ng cause given in	n Part I.	24a. WAS AN PERFOR 1  YES 2	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other algni  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Netural  2 Accident	Inditiona, imediate RLYING Injury  LAST  Ifficant condition  Ifficant condition  Ifficant condition  Ifficant condition  Ifficant condition  Ifficant condition  Ifficant condition  Ifficant condition  Ifficant condition	DUE TO  C. DUE TO  d	(OR AS A CON  (OR AS A CON  deeth but no	SEQUENCE OF SEQUEN	):  n the underly!  26.  OTHER: 4   Nursing Ho  OF 28c. IF  MRY 28	PLACE OF DEATH (Common 5. American Adjust) at 10 PK 10	n Part I.  Check only or  8  Other  28d. DE:	24a. WAS AN PERFOR 1  YES 2	AUTOPSY MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algni  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel  2 Accident  3 Suicide  4 Homicide	Inditiona, medicia RLYING Injury  LAST  Ifficant condition  H = 6 = 5  TO MEDICAL  Pending Investigation  Could not be detarmined  CERTIFYING PHYSIC	DUE TO  C. DUE TO  d	(OR AS A CON  (OR AS A CON  (OR AS A CON  ER/Outpetlent  INJURY  y, 'ber')  F INJURY — At etc. (Specify)  my knowledge,	SEQUENCE OF SEQUENCE OF DE resulting la 295. TIME INJUITE DOME, term, at death occurre	26. OTHER: 4   Nursing Ho OF 28c. IF M 1   Treet, factory, off	PLACE OF DEATH (Come 5 A Residence JURY AT ORK?  YES 2 NO Ice	n Part I.  Check only on  8  Other  28d. DE:  28f. LOCCRY	24a. WAS AN PERFOR  1  YES 2  or (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCI	24b.  URED  or Rural Ro	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algni  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neturel  2 Accident  3 Suicide  4 Homicide	Inditiona, medicia RLYING Injury  LAST  Ifficant condition  Iffica	b. DUE TO c. DUE TO d	(OR AS A CON  (OR AS A CON  (OR AS A CON  ER/Outpetlent  INJURY  y, 'ber')  F INJURY — At etc. (Specify)  my knowledge,	SEQUENCE OF SEQUENCE OF DE resulting la 295. TIME INJUITE DOME, term, at death occurre	26. OTHER: 4   Nursing Ho OF 28c. IF M 1   Treet, factory, off	PLACE OF DEATH (Come 5 Residence JURY AT YES 2 NO Ice	n Part I.  Check only o	24a. WAS AN PERFOR  1  YES 2  or (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	AUTOPSY MED? NO NJURY OCCI	24b.  URED  or Rural Re  d.  cause(s)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algni PART II. Other algni PART II. Other algni 25. WAS CASE REFERRE EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only one) 2 Manner of Death	Inditiona, medicia RLYING Injury  LAST  Ifficant condition  Iffica	b. DUE TO c. DUE TO d	(OR AS A CON  (OR AS A CON  (OR AS A CON  ER/Outpetlent  INJURY  y, 'ber')  F INJURY — At etc. (Specify)  my knowledge,	SEQUENCE OF SEQUEN	26. OTHER: 4   Nursing Ho OF 28c. IF M 1   Treet, factory, off	PLACE OF DEATH (Come 5 PRESIDENT)  TORK?  YES 2 NO  Ica  Ita and place, and du death occured at the	n Part I.  Check only or  8 Other  28d. DE:  28f. LOC  City  is to the care time, data	24a. WAS AN PERFOR 1	AUTOPSY MED? NO NJURY OCCI	24b.  URED  or Rural Ro  d.  cause(s)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  Dute Number, and manner as stated.  Month, Day, Year)
PART II. Other algni PART II. Other algni PART II. Other algni 25. WAS CASE REFERRE EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only one) 2 Manner of Death	Inditiona, imediate RLYING Injury  LAST  Ificant condition  Ificant co	DUE TO  C. DUE TO  d	(OR AS A CON  (OR AS A CON  (OR AS A CON  deeth but no  S C C C  ER/Outpatient INJURY ny, Year)  FINJURY — At tota, (Specify)  my knowledge, amination and/	SEQUENCE OF SEQUEN	26. OTHER: 4   Nursing Ho OF   28c. IP IRY M 1   Treet, factory, off	PLACE OF DEATH (Come 5 Residence JURY AT YES 2 NO Ice	n Part I.  Check only or  8 Other  28d. DE:  28f. LOC  City  is to the care time, data	24a. WAS AN PERFOR 1	AUTOPSY MED? NO NJURY OCCI	24b.  URED  or Rural Ro  d.  cause(s)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO

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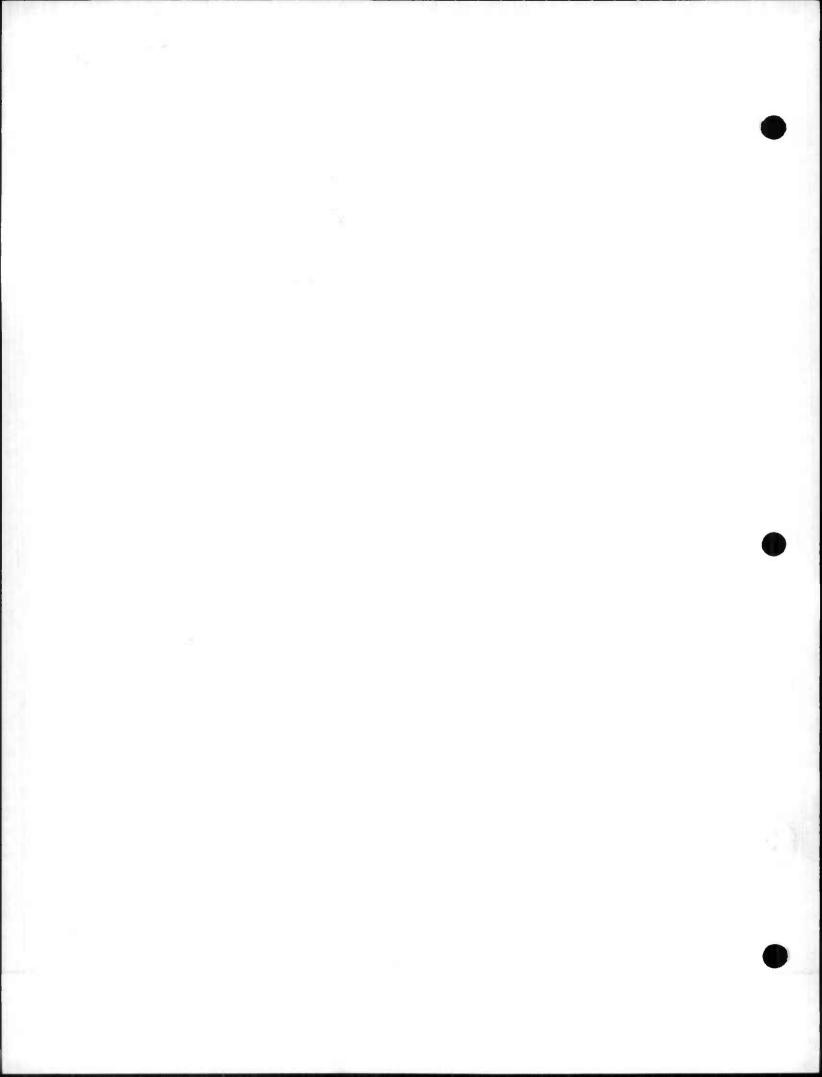
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BALTIMORE, MARYLAND	THE MAYING OF A TRUDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hose	TO THE PUMPING CONCINE. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache perfet when a found and certain with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	INPORTANT If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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MEDION OF VITAL RECORDS, P.O. BOX 68760,	ed within	TO THE FUNDOR LEACHOR. After this certificate has been signed by the attending physician and completely filled in by the I will be the completely filled in by the I will be compared to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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8	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S HAND FOR HAND WIND	1. SHANK		2. DATE OF DEATH	THINE OF PEATH
1	2 1 4 - 4 2 - 1 1 4 2 XX M  9a. FACILITY NAME (If not institution, give street and not	2 □ F   48 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF D	7. DATE OF BIFTH (Morth, Day, Year) 03-05-44	d. BIPTHPLACE (Stand of Formula Country)  Maryland.  ITY OF DEATH
DIRECTOR	Frederick Memorial		Frederick		derick
	Maryland Frederic		town on Location		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	11203 Alton Rd.		101. ZIP CODE 21701		ZEN OF WHAT COUNTRY?
B≺	1 Never Married 2 V Married FORG	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 1 NO S, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi		14. RACE — American Indian, Black, White, etc. SpecifyWhite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College	(Give kind of wo life. Do NOT use	SUAL OCCUPATION ink done during most of working retired.)	16b. KIND OF BUSINESS/IND	ustro overnment
	19 2 17. FATHER'S NAME (First, Middle, Lest) FINOLT F. Shanb	vege		ME (First, Middle, Malden Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  Miss. Glatia Shank		Altan Rd Free		Code)
	20a. METHOD OF DISPOSITION 1 5) Burial 2 C Cremation 3 Removal from 4 Donation 6 Other (Specify)	20b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 200. LOCATION - 12/28/92 Fred	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	atasa	Stauffer Fune	curv ral Homes, PA , Frederick, M1	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	one cause on each line.  One cause on each line.	t enter the mode of dying, suc	th as cardiac or respiratory arr	est, Approximata interval Between Onset and Depth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF)	(of, c Ten)	TDISMSE	year?
A	PART II. Other significant conditions contrib	uting to death but not resulting in	the underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	245. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
PHYSICIAN: MEDIC				1   YES 2   NO	COMPLETION OF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO 1 Inpa		26. PLACE OF DEATH (C): OTHER: I  Nursing Home 5  Residence		
ВУ РНУ	27. MANNER OF DEATH 28a.  27. Matural 5 Pending Investigation	DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCC	CURED
	3 Suicide 6 Could not be determined	PLACE OF INJURY — At home, ferm, str building, etc. (Specify)	eet, factory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,
COMPLETED	one)	e best of my knowledge, death occurred besis of exemination and/or investigation			199
TO BE	20. NAME AND ADDRESS OF PERSON WHO COMPLETED	TED CASE OF DEATH (ITEM 97) (100	29c. LICENSE NU D 16 L	#28 #1	SIGNED (Mount), Grey Hear)
	<b>D D O</b> O	REGISTRAR'S SIGNATURE			
	DFC 3 0 1992	Felia Varieta Pondaco			DHMH-16 Rev 1/69



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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31. DATE FILED (Month, Day, Year)
DEC 2 8

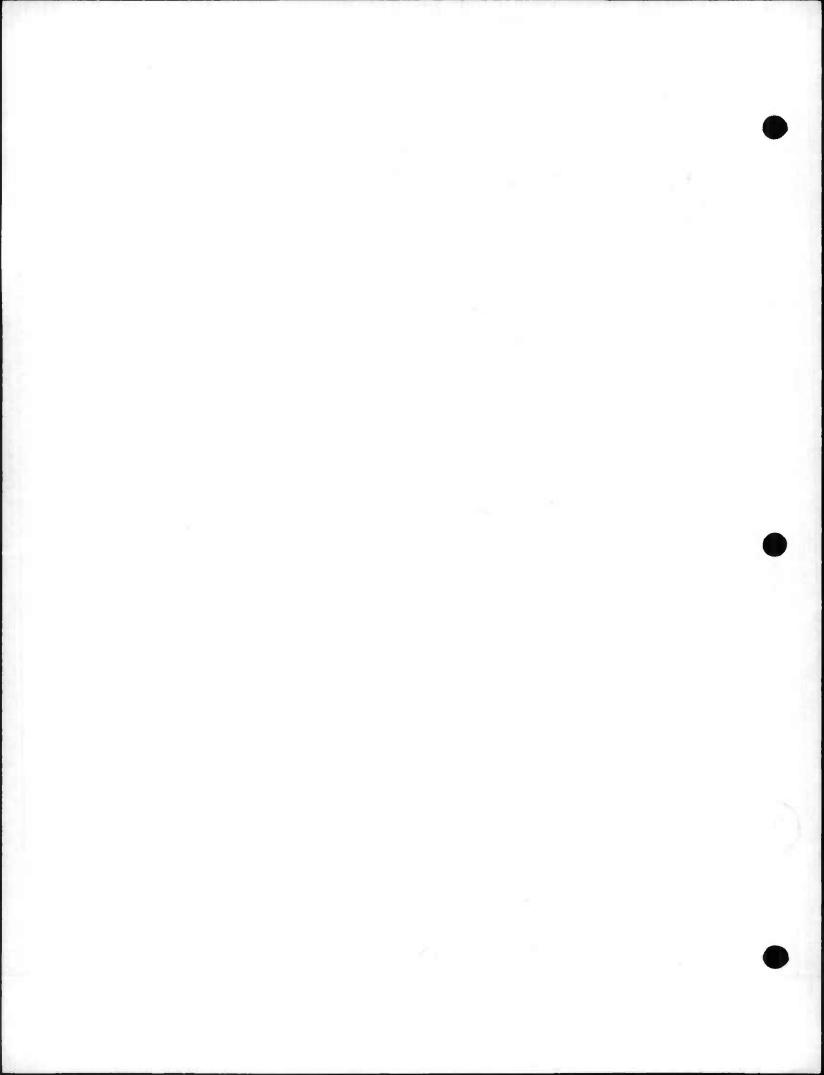
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. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	rate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	
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MB	S b	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
Pe	a ha	0 9
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		1. DECEDENT'S NAME (First, Doug	Middle, Last)	Eugene	SMITH	1			2. DATE OF DEATH MONTH	DAY 2H	GEAR .	3. TIME OF DEATH 0240
	- 8	4. SOCIAL SECURITY NUMBER 214-42-1351	DER	5. SEX 1XXM 2   F	6. AGE (In yrs	i. lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH Aug. 25,		a. BIRT	NPLACE (State or Forei
стов	- 8	99. FACILITY NAME (If not ins Frederick M	Memori		ital			WN OR LOCATION OF D	EATH		rede	DEATH rick
DIRECT		Maryland	10b. COUNT	derick			y, town on Lo		-			10d. INSIDE CITY VALIMITS? 1 YES 2 NO
FUNERAL		10e. STREET AND NUMBER 7 Norva	Aven	je				101. ZIP CODE 21701			S.A	WHAT COUNTRY?
BY FUN	н	11. MARITAL STATUS 1 Never Married XX I 3 Widowed 4 Divor		12. WAS DECEDE FORCES? IE YES SIVE 1963—	NT EVER IN U.S 1 XXVES 2 1 XXVES 2 1 XXVES DATES	ARMED NO	13. WAS	DECENDENT OF HISPA I, speedly, Cuban, Mexic YES & NO Speci	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	es or No—	Blec	CE — American Indian, ck, White, etc.
APLETED			EDENT'S EDL highest grade			(Give kind of life. Do NOT u	ne retired.)	most of working	ist US (			t
E COMPL		17. FATHER'S NAME (First, Mic St		c O. Sumo	ners				AME (First, Middle, Meide tney R. Sn			
TO B		Mrs. Joan N		ith					ick, Mary			1
1001		20a METHOD OF DISPOSITION ABURIAN 2 Cremation		noval from State			OF DISPOSITION		0ATE 20c. L			
E	4	4 U Donation 5 U Other	(Specify)		LIOU	IIIL OIL	ver ce	metery be	C. 20, 19;	JZ FI	euer.	ick, Md.
AAA	-	4 Donation 5 Other (21. SIGNATURE OF FUNERAL		CENSEE L Kubi	Mod		Kee	eney and B	asford P.	A. Fu	nera	
and medical examined		21. SIGNATURE OF FUNERAL  All  23. PART I. Enter the dis	SERVICE LI Mariana Seasea, or part faliure.	compileations de List only one	Mod at caused the	o703 o death. Do	22. NAM Kee	e AND ADDRESS OF FA	asford P. Aurch St.	A. Fu	nera	1HOme
ERTIFICATION		23. PART I. Enter the displace, or he immediate CAUSE (Find disease or condition	iseasea, or opert failure.	a. DUE TO	Modes at caused the use on each	o 703  o death. Do line.  Insequence of the sequence of the se	22. NAM Kee 10 not enter the	E AND ADDRESS OF F eney and B 6 Fact Cha mode of dying, sur	asford P. Aurch St.	A. Fu	nera erick	1HOme  C. Md. 217( Approximate Interval Bets
MEDICAL CERTIFICATION		23. PART I. Enter the disshock, or he iMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequentially list condition for the cause. Enter UNDERLYIF CAUSE (Disease or injur that initiated events	seasea, or part failure.  idinate on the condition of the	a. DUE TO  DUE TO  d. DUE TO	Modern caused the use on each of the caused the use on each of the caused the use on each of the caused the ca	o 703 o death. Do line. NSEQUENCE O	22. NAM Kee	E AND ADDRESS OF F Chey and B 6 Fact Che mode of dying, sur	asford P. Aurch St. ch as cardiec or res	A. Full Production of the Prod	nera Prick mest,	1HOme  Approximate Interval Bette Onset and E
MEDICAL CERTIFICATION		23. PART I. Enter the disshock, or he iMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYM CAUSE (Disease or injurithet initieted events resulting in death) LAST	seasea, or eart failure.  sons, diate NG ry  T	a. DUE TO  DUE	Modest caused the use on each of the caused the use on each of the caused the use on each of the caused the use of the caused the use of the caused the ca	o 703 o death. Do line. Insequence of the sequence of the sequ	22. NAM KEC 10 not enter the	e AND ADDRESS OF F. Chey and B. East Che mode of dying, sur	asford P. Aurch St. ch as cardiec or res	A. Full Production of the Prod	nera Prick mest,	Approximate interval Bets Onset and E
PHYSICIAN: MEDICAL CERTIFICATION		23. PART I. Enter the disshock, or he immediate cause. Enter UNDERLY! CAUSE (Disease or injurities in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  LAST  PART II. Other significant in death)  PART II. Other significant in death	seasea, or eart failure.  sons, diate NG ry  T	a. DUE TO  DUE	Modest caused the use on each of the caused the use on each of the caused the use on each of the caused the use of the caused the use of the caused the ca	o703 o death. Do line. ssequence of sequence of resulting	22. NAM KEC 10 not enter the F): F):  OTHER: 4   Nursing   EOF   28c.	e AND ADDRESS OF F.  Prey and B  6 Fact Chr  mode of dying, sur	asford P. Aurch St. ch as cardiec or res	N AUTOPSYPHMED?	nera prict mest,	Approximate interval Bets Onset and E
MEDICAL CERTIFICATION		23. PART I. Enter the disshock, or he iMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY!!  CAUSE (Disease or injurthet initiated events resulting in death) LAST  PART II. Other significant in the cause. Enter UNDERLY!!  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Instrum 5 F F Accident In Suicide 6 C	seasea, or part failure.  seasea, or part failure.  seasea, or part failure.  seasea, or part failure.  seasea, or part failure.  seasea, or part failure.  seasea, or part failure.	complications List only one  a. Due To  b. Due To  c. Due To  d	Modest caused the use on each of the caused the use on each of the caused the use on each of the caused the use on each of the caused the cause	o 703 o death. Do line. o sequence of the sequ	22. NAM KEC 10 not enter the  10 The property of the property	AND ADDRESS OF FINEY and B  6 Fact Charmode of dying, sur  ying ceuse given in  8. PLACE OF DEATH (C.  Home 5   Residence  INJURY AT  WORK?	asford P. Aurch St. ch as cardiec or research	N AUTOPSY PRIMED?	nera prict rest,	Approximate interval Bets Onset and E Onse

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32. REGISTRAR'S SIGNATURE
Julia So: 4 dron-Randelle



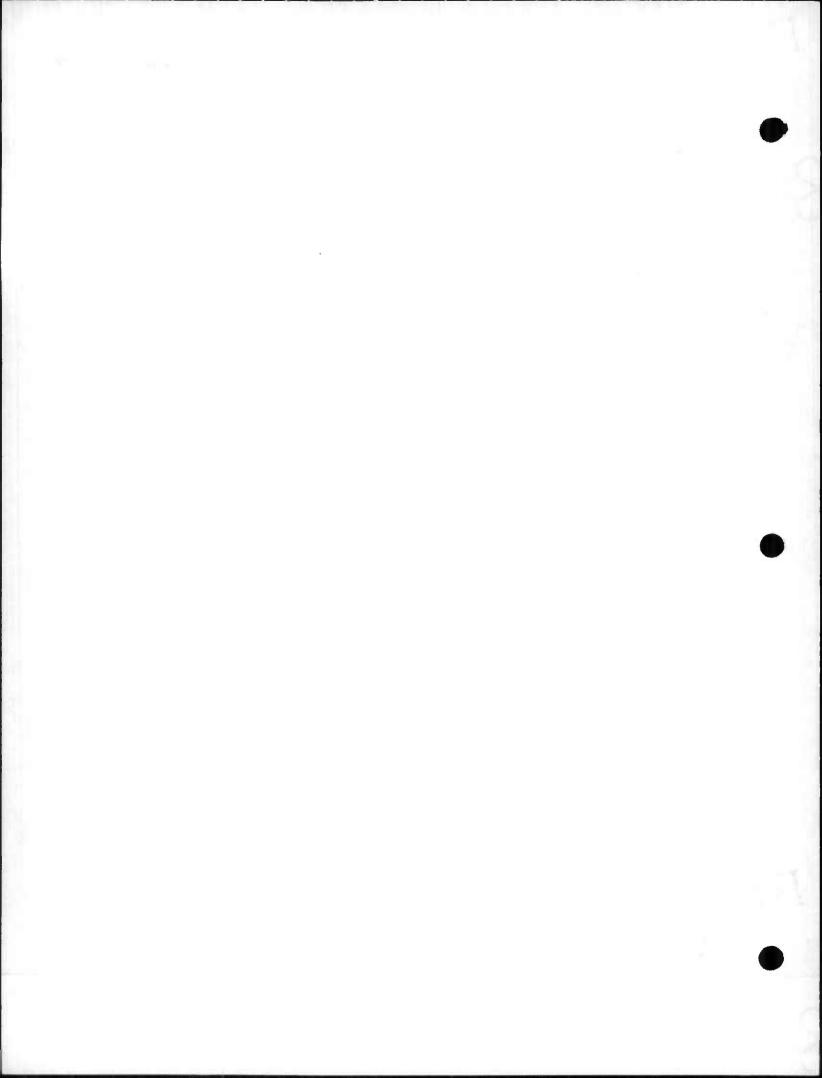
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MINISTER OF VITAL RECORDS, P.O. BOA 88/80,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	The party of the this cartificate has been signed by the attending physician and completely filled in by the
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)  Raybayra.  4. SOCIAL SECURITY NUMBER	: 511b	er			2. DATE OF DEATH DO NONTH DA 3	1 96	
	013-34-9083	1 - M 2 T/F	34 YRS. W	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1908	BIRTHPLACE (State or Foreign Country) NEW JERSEY
OR	9a. FACILITY NAME (If not institution, give SUBURBAN HOSPI		\$		ESDA	EATH	9c. COUNTY MOI	OF DEATH NTGOMERY
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MD MO	NTGOMERY	10c. CITY,	TOWN OR LOCATI				10d. INSIDE CITY LIMITS? 1 A YES 2 NO
FUNERAL I	104. STREET AND NUMBER	Y LA. #502			ZIP CODE 20814			OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 M Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify:
IPLETED	1s. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use)	rk done during mos retired.)	N t of working	166. KIND OF BUS	SINESS/INDUST	TRY
at once.	17. FATHER'S NAME (First, Middle, Last)  JOHN H. CON	TEV.			18. MOTHER'S NA	ME (First, Middle, Malden	Sumama)	
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A			Route Number, City or Tow		de)
9	CRISTINA SILE	201	7901	DISPOSITION (Nat	ne of			MD. 20910 or Town, State
er mus	1 Duriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE II	C	HAMBERS C		Y 1-6	5-1993 RI	VERDAL	
medical examiner must	· ALM CA	antrud	M00091				.SILVE	20910 R SPRING,MD.
or other traumatic event, the ERTIFICATION	23. PART I. Enter the diseases, prehock, preheart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. A C UTE DUE TO (OR AS /	A CONSEQUENCE OF):  A CONSEQUENCE OF):					Approximate interval Between Onset and Death 57–6 Hours
hows any inju	PART II. Other significant condition	na contributing to death b	out not resulting in	the underlying	cause given in	Part i. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 KNO	HOSPITAL:		THER:	ACE OF DEATH (Ch			
o   ≥	27. MANNER OF DEATH	1) Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJU	IRY AT	6 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCUR	ED
28 is marked. TED BY PH	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-	f — At home, ferm, stre		ES 2 NO	281. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
MPORTANT: If item 2 D BE COMPLET	29a. CERTIFIER (Check only	SICIAN: To the best of my know						iuse(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Tolyyick	170		29c. LICENSE NUI	26449	29d. DATE SIG	ONED (Month, Day, Year) 2/31/92
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DIVISION OF VITAL RECORDS, P.O. BOX	HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be ex
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	HOSPITAL
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4. SOCIAL SECURITY NUMBER  578—28—2037  BB. FACILITY NAME (If not institution, give state)  FRESIDENCE OF DECEDENT  10b. COUNTY  10c. STREET AND NUMBER  1416 Saratoga A  11. MARITAL STATUS  1   Never Married 2   Married  3   Wildowed 4   Divorced  15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)  12th  17. FATHER'S NAME (First, Middle, Lest)  Napolin Simons  10c. INFORMANT'S NAME (Type/Print)  Dolwyn King  20a. METHOD OF DISPOSITION  10   Donatton 5   Other (Specify)	treet and number)  Y  Ve., N.E.  12. WAS DECEDENT FORCES? 15 IF YES, GIVE WAS	#1 EVER IN U.S. A OR DATES  16a. D C	REMED NO DECEDENT'S Give kind of cab D1	9b. CITY,  9b. CITY,  TY, TOWN OF ashing  13. W  1 1  S USUAL OCC Work done of	TOWN OF LOCATING	D.C.  ZIP CODE  20002  ENDENT OF HI celty Cuben, M. 2 \( \sqrt{N}\) N	SPANIC ORK	TE OF BIRTH  Inth, Day, Year)  SiN7 (Specify Yea	9c. COUNTY 10g. CITIZ USA or No	2EN OF WHAT COUNTY  14. RACE — Americ Black, White, etc Specify:  Blace	DE CITY TS? S 2 \( \text{NTRY?} \) NTRY?
Ba. FACILITY NAME (If not institution, give at San FACILITY NAME (If not institution, give at San FACILITY NAME (If not institution, give at San FACILITY NAME (If not institution, give at San FACILITY NAME (If not san FACILITY	treet and number)  Y  AVE., N.E.  12. WAS DECEDENT FORCES? 15 IF YES, GIVE WALL  CCATION completed)	#1 EVER IN U.S. A YES 2 N OR DATES	Indee Con Was a second of the Control of the Contro	9b. CITY,  9b. CITY,  TY, TOWN OF AShing  13. W  11  15  15  15  15  15  15  15  16  16	TOWN OF LOCATION O	HOURS ME LOCATION CON STORY CODE 2002 ENDENT OF HIGH Ciriben, M. S. N.	SPANIC ORK	SINT (Specify Yes O Rican, etc.)	9c. COUNTY 10g. CITIZ USA or No	Country)  South Ca:  TY OF DEATH  10d. INSIG. LIMIT 1 X YES  ZEN OF WHAT COUN  14. RACE — America Black, White, etc.  Specify: Black	DE CITY TS? S 2 \( \sum \) NTRY?
BB. FACILITY NAME (II not institution, give as South And And And And And And And And And And	Ave., N.E.  12. WAS DECEDENT FORCES? 15 IF YES, GIVE WAS COMPleted)	#1 EVER IN U.S. A YES 2 A OR DATES  16a. 0	Indecedents  RIMED IND  DECEDENTS Give kind of the Do NOT of the Do NOT of the Do Not	13. W H 1 S USUAL OCCUMENT done of these redirect.)	10f.  AS DECE yes, spec	ON , D.C.  ZIP CODE  20002  ENDENT OF HI city Cuben, M X	SPANIC ORK	GiN7 (Specify Yes to Rican, etc.)	9c. COUNTY 10g. CITIZ USA or No	10d. INSIE LIMIT 1 K YES ZEN OF WHAT COUN  14. RACE — Americ Black, White, etc. Specify: Black	DE CITY TS?  B 2  NC NTRY?
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II. MARITAL STATUS      Never Married   2   Married       Never Married   2   Married       S   Wildowed   4   Divorced       15. DECEDENT'S EDU (Specify only highest grade       Elementary/Secondary (0-12)   12th       T. FATHER'S NAME (First, Middle, Last)     Napolin Simons       Napolin Simons       Dolwyn King       Dolwyn King       Dolwyn King       Dolwini   2   Cremation   3   Remediate       Donation   5   Other (Specify)	12. WAS DECEDENT FORCES? 15 IF YES, GIVE WAS CATION 0 completed)	EVER IN U.S. A YES 2 A OR DATES  16a. 0	DECEDENT'S Give kind of te. Do NOT u	S USUAL OCI work done of use retired.)	AS DECE yes, spec	ENDENT OF HI celfy Cuben, M- 2 NO S	exican, Puerl	to Ricari, etc.) 6b. KIND OF BUS	or No	Specify: Blac	lc.
I Never Married 2 Married  I Never Married 2 Married  I Divorced  15. DECEDENT'S EDUI (Specify only highest grade  Elementary/Secondary (0-12)  12th  IT. FATHER'S NAME (First, Mickile, Lest)  Napolin Simons  I Dolwyn King  Roa, METHOD OF DISPOSITION  D Donation 5 Other (Specify)	FORCES? 1 F YES, GIVE WATER TO THE TENTON OF COmpleted)	YES 2 TO DATES	DECEDENT'S Give kind of te. Do NOT u	S USUAL OCI work done of use retired.)	YES :	cify Cuben, M. 2 NO S	exican, Puerl	to Ricari, etc.) 6b. KIND OF BUS	SINESS/INDI	Specify: Blac	lc.
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Napolin Simons  Napolin Simons  Na, INFORMANT'S NAME (Type/Print)  Dolwyn King  Rea, METHOD OF DISPOSITION  Bulled 2 Cremetton 3 Reme		1		river				Privat	ce		
Dolwyn King  Dolwyn King  Roa, METHOD OF DISPOSITION  Description of Disposition of Donation of						10. MOTHER'S	NAME (Fire	t, Middle, Maiden	Surname)		
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	ioval from State		rematory or a	OF DISPOSIT other place)	ΠΟ <del>Ν</del> (Naπ		/93	111111111111111111111111111111111111111		City or Town, State	
11. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Ceda	I HI	22. N	AME AND	D ADDRESS O	F FACILITY		land		
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C	d	eath but not	resulting	in the und	leriying	cause give	ı in Part I.			24b. WERE AUTI	
										COMPLETE OF DEATH:	ION OF CA
IS. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☑ YES 2 ☐ NO	HOSPITAL:	ER/Outpatient	3 DOA								
7. MANNER OF TEATH	28s. DATE OF IN	(JURY Voor)		ME OF 2	28c. INJU	JRY AT			NJURY OCC	URED	
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3 Suicide 6 Could not be determined	28e. PLACE OF building, et	INJURY — At h	nome, farm,	street, factor	ry, office		281. La	OCATION (Street a ity or Town, State)	and Number	or Rural Route Numbe	er,
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O NAME AND ADDRESS OF PERSON WH	ID COMPLETED CAUSE	OF DEATH (IT	ЕМ 27) (Туре			ຄຸ	0/		1	-	171
Mesures New	EMD.	-1010,	16	efter	N O	b, o	nig	o, ne	ef	2077	72
Sife Cities P	Shock, or heart failure.  MMEDIATE CAUSE (Final lisease or condition esulting in death)  Sequentially list conditions, f arry, leading to immediate sause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST  PART II. Other significant condition  The signifi	Shock, or heart failure. List orily one cause  MMEDIATE CAUSE (Final  Ilisease or condition esuiting in death)  Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING  AUSE (Disease or injury hat initiated events esuiting in death) LAST  DUE TO (C  C.  DUE TO (C	23. PART I. Enter the diseases, of complications that caused the candock, or heart failure. List prily one cause on each life in the cause of the ca	Shock, or heart feilure. List prily pine cause on each line.  MMEDIATE CAUSE (Final lisease or condition esulting in death)  Sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING ACUSE (Disease or injury hat initiated events esulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting to death but not resulting in death) LAST  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Natural 5 Pending Investigation Investigation Investigation 28e. PLACE OF INJURY At home, farm, building, etc. (Specify)  28e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination end/or investigation investigation 28e. SIGNATURE AND TITLE OF CERTIFIER  1. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (No. 10, NAME AND ADDRESS O	23. 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Other significant conditions contributing to death but not resulting in the underlying cause giver of the conditions contributing to death but not resulting in the underlying cause giver in linear conditions contributing to death but not resulting in the underlying cause giver in linear conditions contributing to death but not resulting in the underlying cause giver in linear conditions contributing to death but not resulting in the underlying cause giver in linear conditions contributing to death but not resulting in the underlying cause giver in linear conditions contributing to death but not resulting in the underlying cause giver in linear conditions in linear	389 Rhode Islam  3. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as consequence of the part failure. List only the cause on each line.  MMEDIATE CAUSE (Final lisease or condition securiting in death)  8. ACCOMMEDIATE CAUSE (Final lisease or condition securiting in death)  8. ACCOMMEDIATE (ACCOMMEDIATE TO THE TOTAL CONSEQUENCE OF):  9. DUE TO (OR AS A CONSE	389 Rhode Island Ave	389 Rhode Island Ave., N.W  13. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory are shock, or heart failure. List prily one cause on each line.  MMEDIATE CAUSE (Final disease or condition seculting in death)  Sequentially list conditions, a gry, leading to immediate cause. 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A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	OHECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	6
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29b. SIGNATURE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1955 Dec. 5:21 AM Robert L. Seabury 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTTH 8. BIRTHPLACE (State or Foreign 181 32 8328 52 1 🔯 M 2 🗌 F Aug. 4 1940 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 1907 Arbor Hill Lane Bowie Prince Georges 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Bowie YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1907 Arbor Hill Lane 20716 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KMD 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 PMO Specify: NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 255 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced No COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Supervisor Construction 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) William L. Seabury Hazel T. Trimble be notified at 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Phyllis J. Seabury 1907 Arbor Hill Lane 20716 Bowie Maryland 20s. METHOD OF DISPOSITION
1 □ Burlel 2 XXX cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Metropolitan Crematory Alexandria Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. ow 16000 Annapolis Rd. Bowie Md. 20715 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death the disease or condition CARCINOMA LUNB CELL resulting in death) item 28 is marked, or item 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEDUE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 VES 2 ND 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated MPORTANT: 11 On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner so stated.

GEONGE

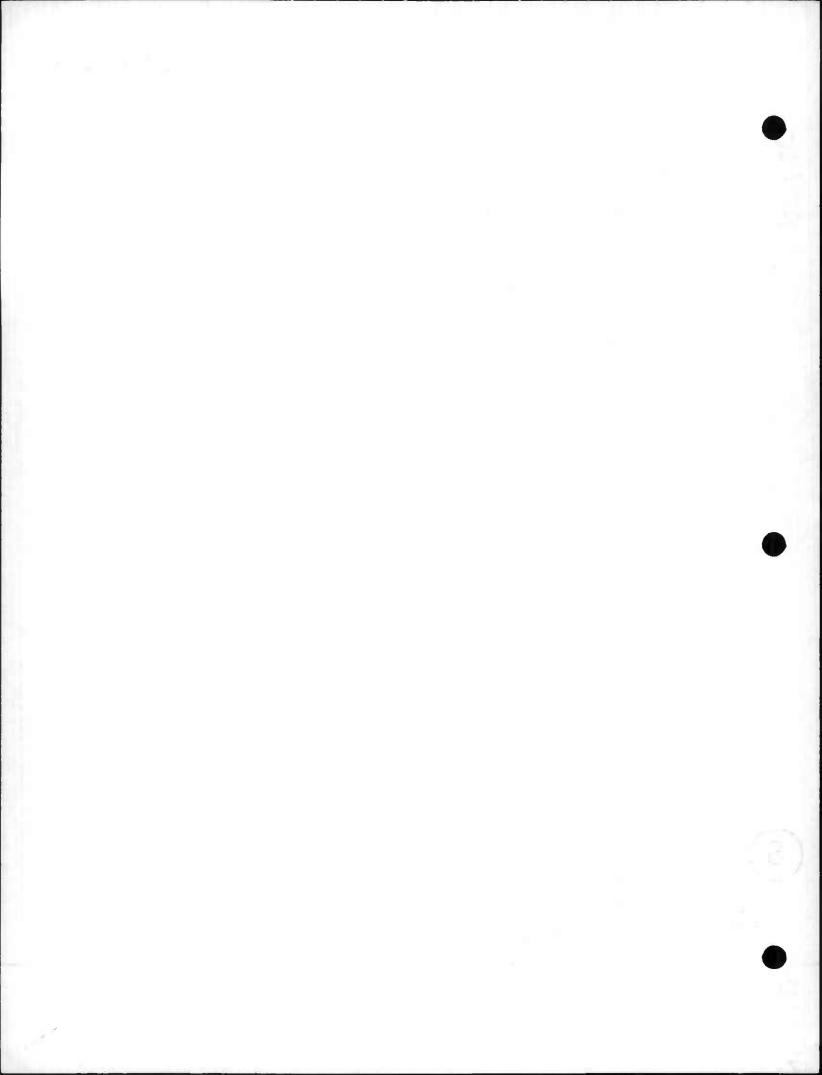
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STILET

29d. DATE SIGNED (Month, Day,

20707

LICENSE NUMBER



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	ID THE HOSPITAL, IN ATTEMPT APPLICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	THE FUNERAL HELLING AND THE CONDITION OF THE PROPERTY OF THE PROPERTY OF THE FUNERAL HELLING AND THE F	filed within 72 mm at the case with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MINPORTANT: If them at Lemented, or Item 23 shows any Injury, or other traumatic event, the medical examiner m	l
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MINISTER HECORDS, P.O. BOX 68/60,	1 wit	mple	Cre	rven	ł
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- 93	1. DECEDENT'S NAME (First, Middle, Las.					REG. NO.		3. TIME OF DEATH
	2	James Euge	ene Siemer	Nº I		Dec. 25	199	2 8:25 PM
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	Month, Day, Year)	1 4	BIRTHPLACE (State of Foreig
	220 14 5600	1 √XM 2 □ F	67 YRS.	MONTHS DAYS		July 2 192		aryland
	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OF	LOCATION OF DEAT	Н	9c. COUNTY	OF DEATH
5	15759 Pointer R:	idge Drive		Bowie			Princ	e Georges
DINECTOR	10a. STATE 10b. COUN	NTY	10c. CITY,	TOWN OR LOCATE	ON	-		10d. INSIDE CITY
5	Maryland Prin	nce George's	R	owie				LIMITS?
1	10e. STREET AND NUMBER	333			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
LONEHAL	15759 Pointer F	Ridge Drive		2	0716		Unit	ed States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YE	R IN U.S. ARMED			ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
	1 Never Married 2X2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			cify Cuban, Mexican, 2 NO Specify:			Specify:
2	15. DECEDENT'S ED	PHICATION	La manage			No		White
	(Specify only highest gra-	ade completed)	(Give kind of wo	ork done during most		16b. KIND OF BUSI	INESS/INDUST	THY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mst./Sg			II C M	awin.	C
COMPL	17. FATHER'S NAME (First, Middle, Last)		1.000,08		18. MOTHER'S NAME	U.S. M.		corps
	John Herman Sie	mer			Anna St			
200	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street en		ite Number, City or Town,	State, Zip Coo	de)
	Frances T. Siem	er	15759	Rointer	r Ridge D	rive Bowi	e Marv	land 20716
	20s. METHOD OF DISPOSITION 1 (X Burial 2   Cremation 3   Re	amount from State	OR PLACE AND DATE OF	E DISPOSITION /Non	ne of	DATE 20c LOC	ATION - CIN	or Town State
	4 Donation 5 Other (Specify)		Arlington	National	l Cemeter	y 12/30/9	2 Arli	ngton Va.
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE		22. NAME AND	ADDRESS OF FACIL	my neral Home		
	KOLYENT C	E. CUMM	100 tron					
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	e. List only one cause on	each line.	ot enter the mod	e of dying, such		story arrest	, Approximata interval Bets
Morrison	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Of the Due to (or As	each line.	gastru	e of dying, such	na cardiac or respir	story arrest	, Approximata interval Bets
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92-3824									
-0020 ing physician. The burial-transit permit. Pages 1. 2. 3 should		1. DECEDENT'S NAME (First, Middle, List) Charles	CHARLES SLESLIE SHARPERSON				DATE OF DEATH MONTH DA	3. TIME OF DEATH				
		4. SOCIAL SECURITY NUMBER 227 80 3177  9e. FACILITY NAME (If not institution, give s	6. SEX 6. AGE (A	n yrs. Wat birthday) IF  8 YRS.	UNDER 1 YEAR	F UNDER 24 HRS. 7. HOURS MIN.	BIRTHPLACE (State or Foreign Country) ASH., D. C.					
	DIRECTOR	S'6 MANY MAND HUSDITAL CHINTON PRINCE GEORGE RESIDENCE OF DECEDENT										
		Maryland Princ	e Georges	Clint					10d. INSIDE CITY LIMITS?  1 YES 2 NO			
	FUNERAL	100. STREET AND NUMBER  5708 Sand Juan Drive  20735  United										
N S W	B	3 Wildowed 4 Divorced 1972-1978 USAF										
D 2121 spital or atte	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	AL OCCUPATIO done during mos ired.) Guard	N st of working		of Business/INDUSTRY					
MARYLAND 2 retained by the hospital 5 should be detached for notified at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) CARL SHARPERSON	Surname)	ngress								
2 8 0	TO	198. INFORMANT'S NAME (Type/Print)  JOCELYNE E. SHARP  208. METHOD OF DISPOSITION		5708 Sa	nd Jua	n Drive, (	Clinton,M	d. 20	735			
e 6 m ector,		1 (XBurlei 2   Cremetton 3   Removel from State 4   Donetton 6   Other (Specify)   Maryland Veteran Cemetery 1/4   Cheltenham, Md.  21. SIGNATURE OF PRINERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY										
BALTIN after death. Pag y the funeral dis noval.		23. PART I. Enter the diseases, or o	Speh	M859	2617	ANDER S. F Pennsylva	nia Aven	IIO SF	DC 20020			
n 24 hours by filled in that ation, or ref		ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Drabetic Out	ich iine.					Interval Between			
DX 6870 be executed clan and con or to burial.	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	CONSEQUENCE OF):	SEQUENCE OF):							
P.O. th certific ending pl Hygiene or othe	CERTIFICATION	CAUSE (Diseese or Injury that initiated events the initiated events resulting in death) LAST d										
CORD  ires that the signed by the Health and M  we amy Infu	MEDICAL C	PART II. Other algnificant conditions contributing to death, but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 2										
TAL The law te has b arte Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 P YES 2 NO	HOSPITAL:		HER:	ACE OF OEATH (Check of						
OF PHYSICI this car with th	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOF	JRY AT 260	Residence 6 Other (Specify)  26d. DESCRIBE HOW INJURY OCCURED  NO					
ATTENDI ATTENDI ECTOR: A s after d	ED	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY building, atc. (Specific	At home, farm, street	, tactory, offica	261	LOCATION (Street as City or Town, State)	nd Number or Ru	ural Route Number,			
200	COMPLET		CIAN: To the best of my knowle R: On the basis of axamination						use(a) and manner as stated.			
E S III	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  SEE NAME AND ADDRESS OF DEDSON AND	beligness	m		29 LICENSE NUMBER	0	29d. DATE SIG	NED (Month, Day, Year)			
16	)	JULIAN 10 P. POC 31. DATE FILED (Month, Day, Year)	COMPLEYED/CAUSE OF GEA	57091	Cay p	urnCt. C	pow.	mo:	20748			
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT OF	HEALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH						
	WARREN IGNATIUS	TROSSBACH, SI		DECEMBER 28,	1992 YEA	10:17 A M					
		5. SEX 6. AGE (In y	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 81	RTHPLACE (State or Foreign				
	419-40-3730	1 X M 2 □ F 65	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yber) MARCH 1 . 1		ARYLAND			
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O				
DIRECTOR	ST. MARY'S HOSPITA		LEONAL	RDTOWN		ST. MARY'S					
8	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCA	TION		· · · ·	10d. INSIDE CITY LIMITS?				
		IARY'S	LEC	DNARDTO	īN			1 X YES 2   NO			
FUNERAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN OF WHAT CO				
	STAR ROUTE BOX 2				20650			STATES			
5	1 Never Married 2 M Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	S. ARMED	If you, s	ecify Cuban, Maxica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14. R	ACE — American Indian, lack, White, etc.			
À	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specify	<i>:</i>		oocily: WHITE			
8	15. DECEDENT'S EDUCA	ATION 16	. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS					
4	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life Do NOT use settend )								
MPI	8 -		PLUM	BER		OIL CO	MPANY				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)				
BE	WILLIAM OTTO TRO	SSBACH			ROSALIE	HAMMETT					
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	Route Number, City or Town	n, State, Zip Code)				
	ESTELLE FRANCES T					NARDTOWN.	MARYLAN	D. 20650			
	20a_METHOD OF DISPOSITION 1 Description   1 Remove		ACE AND DATE O	F DISPOSITION (N her place)	ame of	DATE 20c. LO	CATION — City or	Town, State			
	4 Donation 5 Other (Specify) CHARLES MEMORIAL GARDENS 12/31 LEONARDTOWN, MARYLAND										
	BRINSFIELD FUNERAL HOME										
_	EDWARD N. BRIN		00052	59 N.	WASHING	TON STREET	, LEONA	RDTOWN, MD			
	23. PART I. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, abock, or heart feliurs. List only one cause on sech line.										
	IMMEDIATE CAUSE (Finel										
	disease or condition resulting in death) a.	Ven freculo	n Jeb	milla	tim						
		DUE TO (OR AS A CO  LUYO CAN DUE  OUE TO (OR AS A CO  CONSULARY  DUE TO (OR AS A CO)	NSEQUENCE OF	): /							
CERTIFICATION	Sequentially list conditions, b.	My o can dec	DISECULENCE OF	Jana lip	ખ						
AT	if any, leading to immediate cause. Entar UNDERLYING	Da as as	lea					20			
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF	7 5	seere			16 mm.			
E	resulting in death) LAST	•									
	DARK II ON A MARK WA										
Ä	PART II. Other algnificant conditions		not regulting is	n the underlyin	g ceuae given in i	Pert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
ŏ	Diebetes mill					1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?			
M	Hyperteusin	1				_		1 TES 2 NO			
Ä											
PHYSICIAN: MEDIC		HOSPITAL:		26. P	ACE OF DEATH (Che	ick only one)					
¥	1 YES 2 NO	1 ☐ Inpatient 2 X ER/Outpatie	26b, TIME		URY AT						
	1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY WO	YES 2 NO	28d. DESCRIBE HOW IF	NJUNY OCCUMED				
B	2 Accident Investigation 3 Suicide & Could and be	28e. PLACE OF INJURY	At home, farm, si			281. LOCATION (Street a	nd Number or Bur	al Boute Number			
8	4 Homicide 8 Could not be	building, etc. (Specify)				City or Town, State)	TO TUNE	ar Product Herricopt,			
COMPLET	29a. CERTIFIER CERTIFYING PHYSICI	AN: To the best of my knowledg		d at the store day							
M		On the basis of examination ar						na(a) and manner as stated			
	296/SIGNATURE AND TITLE OF CERTIFIER		To the second	1 2 12							
BE					29c. LICENSE NUM	BEH		IED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Tabe	Print)	D01380		/2!	30.92			
	JOHN F. FENWICK, N				L DOWN DO	VIIOLINI NAS CO	/T 33TD 01	2650			
	31. DATE FILED (Month, Day, Year)	89 DECISTRADIS CICHARI	HEIDELE	் நூர்	LEONARL	TOWN, MARY	LAND 20	1650			
1	DEC 3 1 '92	Julia Variason - M	-								
	DC. (6)	A ·	-	-6				DHMH-16 Rev 1/89			

OHMH-16 Rev 1/89

46, BALTIMORE, MARYLAND 21203-3146	SIGIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely limed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNCTION COMPANIES After this certificate has been signed by the attending physician and completely limed in by the itself and mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic e

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Le. ARTHUR	SANFORD	Tho	mas		2. DATE OF D MONTH DECRY	DEATH DAY Y	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER  194-03-2414  9a. FACILITY NAME (If not Institution, glv	1 💢 M 2 🗌 F	(In yrs. lest birthday) 80 YRS.	MONTHS DAYS  9b. CITY, TOWN (	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF B (Month, Day 09 0.	5 1912 Pe	BIRTHPLACE (State or Foreign Country) ennsylvania			
TOR	Magnolia Garden	s Nursing Home	e	Lanham				Prince George's			
DIRECTOR	10e. STATE 10b. COU			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	100. STREET AND NUMBER	ce George s	[01]	Lege Par	. ZIP CODE		10g. CITIZEN OF WHAT COUN				
FUNERAL	7208 Bowdoin Av	enue			20740	U.S.	U.S.A.				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	n, Puarto Rican	pecify Yea or No 14 , etc.)	RACE — American Indian, Black, White, etc. Specify: White			
	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 8+)			st of working		of Business/INDUS				
MO	17. FATHER'S NAME (First, Middle, Last)		Tese Ha.	Lifechane			a, Maiden Sumame)	561168			
BEC	James S. Thomas					VanLeer					
2	190. INFORMANT'S NAME (Type/Print)  Arthur Thomas—B	arbara Compto					on Heights	ode) s, MD 20740			
	20a. METHOD OF DISPOSITION	201	b. PLACE OF DISPOS other place)			,	20c. LOCATION — Cit				
	4   Donation 5   Cremation 1   Removal from State 4   Donation 5   Cremation 5   Crema										
	* Tack	& Friang	d	Franc	is Gasch	's Sons	s Funeral ue, Hyatts	Home, P.A.			
	23. PART i Enter the diseases, i shock, pr heart failur iMMEDATE CAUSE (Finel disease or condition resulting in death)	a	d the death. Do reach line.	ne	leart	th as cardiac	or reapiratory arrea	Approximate interval Between Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other aignificant condit	ilona contributing to death t	out not resulting	in the underlyin	g cause given in	Part I. 24a	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL							PERFORMED?  YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
YSIC	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Rasidence	6 Other (Spi	ecify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation			M 1			BE HOW INJURY OCCU				
ETED	3 Suicide 6 Could not 4 Homicide determined		T — At nome, term, (	street, factory, offic		City or To	N (Street and Number or wn, Stete)	Rural Route Number,			
COMPLETED	anal	IYSICIAN: To the best of my know IINER: On the beals of examination									
TO BE (	29b. SIGNATURE AND TITLE OF CERTI	I Set	racle	En	29c/LICENSE NU	MBER -93 "	9 ≥ 1	2/26/92			
		WHO COMPLETED CAUSE OF DE	nte	Dr.	Gren	nbee	et, me	20770			
	4	192 Julia Dav	idson-Rand	elle.				OHMH-18 Ray 1/8			

IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	HECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burish-transft narmit page 1.2 a should	uus after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTENDING P.	DIRECTOR: After th	hours after death y	item 28 is mari
WHE HOSPITAL	TO THE FUNERAL	Be filed within 72	IMPORTANT: If

	FOR	STATE OF M	MARYLAND / I	DEPARTME	ENT OF H	IEAITH AN	MENT	AL HAGIET	ic.		
	1 - STATE REGISTRAR	OINTE OF I	CE	RTIFICA	TE OF	DEATH	) MEM I	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH		3. T	IME OF DEATH
	EVEL	YN B	TA	TAYLOR					AY G	YEAR 2	1030 P W
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest I		NDER 1 YEAR	IF UNDER 24 HR	44.4	E OF BIRTH		8. BIRTHPLAC	E (State or Foreign
FUNERAL DIRECTOR	241-165818	1 🗆 M 2 📉 F	80	YRS. MONT	THS DAYS	HOURS MIN	Mo	nth, Day, Ybar)	_	Country)	ville, N
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. (	CITY, TOWN	OR LOCATION OF				TY OF DEATH	VIIIE, N
		rial Ho	121100			/	River	dale	Pri	ice b	const's
	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v						dulc		72.0	700
	ma Pair	Nune a 4	10c. CITY, TOWN OR LOCATION							INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	CE OSE	01944	es Hyattsvill-							VES 2 NO
	5805 42 ng	9 VENIN	£ #51	2	101	ZIP CODE		10g. CITIZI			COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMI	20/01						U.SA.	
	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If yes, sp	ectly Cuban, Max	ican, Puerto	Rican, etc.)	or No	Black, Whi	merican Indian, 1a, atc.
BY	3 Wildowed 4 Divorced	W TES, GIVE W	AN ON DATES	DATES 1 YES 2 NO Specific			ocity:			Specify:	hi to
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECE	EDENT'S USUA	L OCCUPATION	ON	16	b. KIND OF BU	SINESS/INDU		
	Elementary/Secondary (0-12)	College (1-4 or 5+		NOT use retire	ed.)	st or worlding					
MP	8	1000 1000 1000		Secr	etary			Lau	ndry		
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM				Middle, Malden	Surname)		
BE	John Beasley						a Bea				
2	19m. INFORMANT'S NAME (Type/Print)		19b. (	MAILING ADDR	RESS (Street a	nd Number or Ru	al Route Nur	nber, City or Tow	n, State, Zip (	Code)	
	Frances Ellis				2 Birchwood Dr., Oxon Hill, Md. 20745						
	20a. METHOD OF DISPOSITION  1. Burial 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	cemetery, creme	CE AND DATE OF DISPOSITION (Name of cremetory or other place)				TE 20c. LO	CATION — C	ty or Town, S	tuta
	Fort Lincoln Cemetery 12/28/92 Brentwood, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
	22. NAME AND ADDRESS OF FACILITY Gasch's Funeral Home 4739 Baltimore Ave.,										
	23. PART I. Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest,  Approximate										
TIFICATION	ahock, Dr heert fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  List only one cause on each line.  Interval Battween Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с									
DICAL CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEQUE	ENCE OF):	underlylng	o ceuse given	In Part I.	24s. WAS AN PERFOR	MED?	AVAJU	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE
2	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEQUE	ENCE OF):	underlylng	g ceuse given	in Part I.		MED?	AVAJIL COMI OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
MEDICAL C	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition	DUE TO (	OR AS A CONSEQUE	ENCE OF):	underlyling	g ceuse given	In Part I.	PERFOR	MED?	AVAJIL COMI OF D	ABLE PRIOR TO PLETION OF CAUSE
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MEDICAL C	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 NO  27. MANNER OF DEATH	DUE TO (	OR AS A CONSEQUI	ENCE OF):	26. PL HER: Nursing Home 28c. INJI	ACE OF DEATH (	Check only o	PERFOR	MED?	AVAIL COMI OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
PHYSICIAN: MEDICAL C	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (A YES 2 \( \) NO	DUE TO ( d	GER/Outpatient 3 INJURY	ENCE OF):  JURY OTH  A DOA A OTH  A DOA TIME OF  INJURY M	26. PL HER: Nursing Hom Wol 1	ACE OF DEATH (  5	Check only o	PERFOR  1 VES 2  Proposition of the proposition of	MED?	AVAIL COMI OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
D BY PHYSICIAN: MEDICAL C	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO ( d	OR AS A CONSEQUE	ENCE OF):  JURY OTH  A DOA A OTH  A DOA TIME OF  INJURY M	26. PL HER: Nursing Hom Wol 1	ACE OF DEATH (  5	Check anily o	PERFOR  1 YES 2  1 YES 2  1 (Specify)  SCRIBE HOW II	MED?	AVAIL COMMOF DI	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \( \sum \) NO
ETED BY PHYSICIAN: MEDICAL C	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO ( d	Geeth but not res	ENCE OF):  JURY OTH  A DOA A OTH  A DOA TIME OF  INJURY M	26. PL HER: Nursing Hom Wol 1	ACE OF DEATH (  5	Check anily o	PERFOR  1 VES 2  re)  or (Specify)  SCRIBE HOW II	MED?	AVAIL COMMOF DI	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \( \sum \) NO
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ETED BY PHYSICIAN: MEDICAL C	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	DUE TO ( d.  HOSPITAL: 1   Inpatient 2     28a. DATE Of (Month, Date of the best of the be	DR AS A CONSEQUENT OF THE PROPERTY OF THE PROP	DOA OTHOUSE OF INJURY M., farm, street,	26. PL HER: Nursing Home 28c. INJI WO 1 U Y factory, office	ACE OF DEATH (  5 G Residence TRY AT RK?  ES 2 NO  end plece, and d	Check only o	PERFOR  1 YES 2  1 YES 2  1 (Specify)  SCRIBE HOW II  CATION (Street a or Town, State)	MED?  A NO  NJURY OCCU  and Number of	AMAIL COMMING OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
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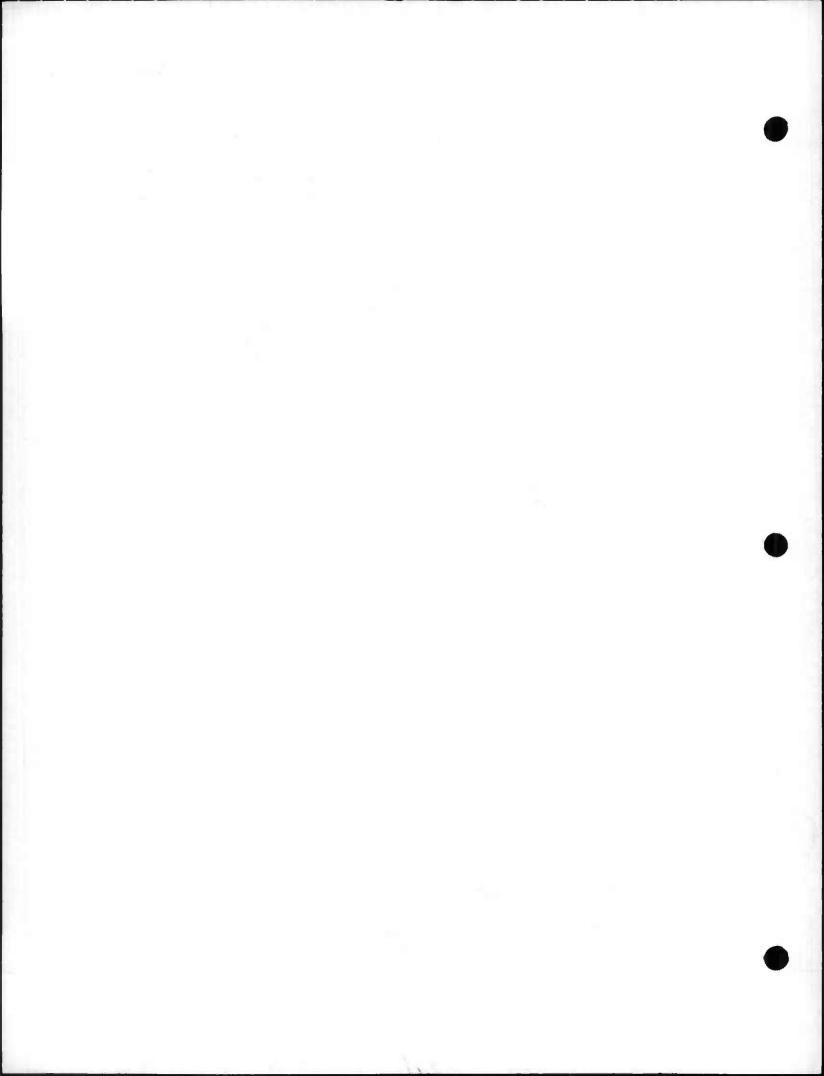
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31. DATE FILED MOTTING CON YOUR

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									9	2 3	8252	
	1 - FOR STATE REGISTRAR	STATE OF M				F HEALTH AN	D MEI	NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH 3. TIME OF				
	Ma	ry Flore	nce F.	Train	or			ecember .		YEAR	9:05 A	R
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthdey)	IF UNDER 1 Y		RS. 7.1	DATE OF BIRTH	,,,,,		ACE (State or Foreign	
	310 02 2217	1 M 2 A F	91	YRS.	MONTHS D	AYS HOURS M	"· 1/	26/01		WAshi	ngton, D. O	3.
a o	9a. FACILITY NAME (If not Institution, give str. 7102 Nimitz Dr.	set and number)				estville	F DEATH		9c. COU	NTY OF DEA		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			T 40 - 007								
FUNERAL DIRECTOR		George's		100	v, town or i estvi]						Od. INSIDE CITY LIMITS? XXYES 2 NO	
بر	10s. STREET AND NUMBER	ocorge s	2	101	CSCATI	10f, ZIP CODE			10a CITI		AT COUNTRY?	_
EB/	7102 Nimitz Dr.					20747			US			
S	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	RMED	13. WAS	DECENDENT OF HI	SPANIC O	PRIGIN? (Specify Yes		14. BACE -	- American Indian.	_
BY	1 Never Married 2 Married 3 M Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. If yes, specify, Cuban, Mexican, Puerto Rican, etc.)  1  YES 2  NO Specify:					Black, \	Black, White, etc.  Specify: White		
	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. Di	ECEDENT'S	USUAL OCCU	IPATION ng most of working		16b. KIND OF BUS	SINESS/IND			
	Elementary/Secondary (0-12)	College (1-4 or 5+	) "	n. Do NOT us	e retired.)	y most or working		D 0 0				
MP	12		Sul	pervi	sor			D.C. Go	verni	ment		
BE COMPLETED	17. FATHER'S NAME (First, Middle, List)							First, Middle, Maiden	Surname)			
H	George C. Fugitt							Brinkley				
2	Jeanne M. Hemmer		19			treet and Number or A	ural Route	Number, City or Tow	n, State, Zip	Code)		
				_	as it		- 1					_
TO BE COM	20s. METHOD OF DISPOSITION   X   A   Donation   S   Other (Specify)   Date   Date   Date   Date   Date											
	32. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745											
	23. PART I Enter the diseases, or co	omplications that	caused the d	eath. Do r	ot enter the	mode of dying,	such as	cardiac or respi	ratory arr	est,	Approximate	
	shock, or heart failure. L	one caus	se on each lin	0.	1						Onset and De	
	disease or condition	6	ree	- L	e.com	100						
	nesulting in death)  a.  OUE TO (OR AS A CONSEQUENCE OF)									-	-	
z		7	Reck	e E	i e	2	-	3	se.	24	-	
ERTIFICATION	Sequentially list conditions, If any, leading to immediate											
3	CAUSE (Disease or injury											
TH	that initiated events	DUE TO (	OR AS A CONSE	OUENCE OF	<b>ጉ</b> ):							
ER	resulting in death) LAST											
C	PART II. Other significant conditions	contributing to	death but not	resulting i	n the under	rlying cause giver	in Part	i, 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDIN	GS
PHYSICIAN: MEDICAL								PERFOR	7.0	A	MILABLE PRIOR TO OMPLETION OF CAUSE	
								1 TYES 2	(V) NO	0	F DEATH?	
≥										'	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DEATH	(Check o	nk nae)				_
SIC		HOSPITAL:	FR/Outpatient	3 D DOA	OTHER:			,,				_
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 28	c. INJURY AT		8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED				_
ВУ Р	1 Natural 5 Pending	(Month, Da	ly, Year)	INJ	URY M 1	WORK?						
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY At he	ome, farm, s	treet, factory,	office	281.	281, LOCATION (Street and Number or Rural Route Number,				_
TE	4 Homicide determined	ounding, I	etc. (Specify)					City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only	IAN: To the bast of	my knowledge, d	eath occurre	ed at the time	data and place and	due to th	te causalet and mar	mer se stra	ed.		
N	One) 2 MEDICAL EXAMINER										nd menner as stated	
	296. SHONATURE AND TITLE OF CENTIFIERS	11/1/	/	1		29c. LICENSE						
BE	110-11	9	er 2	W		100	2	259	290. DATE		lonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	M 27) (1/Da	Print)			/	1.	2/29/9	92	_
						nton, Md	. 20	735				
	7 7 7 7											

32. REGISTRAP'S SIGNATURE
JUNA DRUY doon-Randell



020	physi	President .
215-0	attending	
BALTIMORE, MARYLAND 21215-0020	ate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	Processes and commission filled in the the formers of control to describe the described for one or the board
7	N t	4
MAR	etained	should
-	9	9
RE	nay I	000
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Ξ	Page	dim
ALT	death.	funara
m	after	art the
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BOX 68760,	cuted	noo h
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$\tilde{a}$	2	hair
ğ	sate	hacit

DING PHYSICIAN: The law requires that the death certifit GION OF VITAL RECORDS, P.O.

TO BE COMPLETED BY PHYSICIAN:

TO THE HOSPING OF THE FUNDAMENT OF THE PURPLE OF THE PURPL

al-transit permit. Pages 1, 2, 3 should interface After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be our death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

In 2 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at a

4. SOCIAL SECURITY NUMBER  249-74-0783  9a. FACILITY NAME (If not institution, give procedure)  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  Maryland Prince  10c. STREET AND NUMBER  4922 Lasalle Road  11. MARITAL STATUS  1 Never Married 2 Married  St. Widowed 4 Divorced	1 M 2 MF street and number)  (RS/NG HOM)  TY  e Georges  d	NGE (In yrs. last birthde 89 YRS	9b. CITY, TOWN	B173	HOURS OR LOCATI	MIN.		9c. COUN	Edge f	ield, S.C	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Prince 10c. STREET AND NUMBER 4922 Lasalle Road 11. MARITAL STATUS 1 Never Married 2 Married	r e Georges	10c.	CITY, TOWN	B173						Н	
Maryland Prince 10e. STREET AND NUMBER 4922 Lasalle Road 11. MARITAL STATUS 1 Never Married 2 Married	e Georges d	10c. (		OR LOCA		_		116	P.G.		
11. MARITAL STATUS 1 Never Married 2 Married			Hya	tsvi	.11e			10g. CITI	11	d. INSIDE CITY LIMITS?  YES 2 NO T COUNTRY?	
	12. WAS DECEDENT EV FORCES? 1 1	res 20 NO	13	If yes, sp	207 ENDENT Cooking Cubic 2X NO	OF HISPAN	NC ORIGIN? (Specify Yes n, Puerto Rican, atc.)		14. RACE — Black, W Specify:	American Indian, hita, atc. Black	
16. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life, Do NO	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Retired					SINESS/IND	USTRY		
17. FATHER'S NAME (First, Middle, Last)  Bonem Borum  Mamie Borum							Sumame)				
19a. INFORMANT'S NAME (Type/Print) George Tompkins							C., Washin			20002	
29a. METHOD OF DISPOSITION 1)© Burlet 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	noval from State	206. PLACE AND DATE COMMERCE C	TE OF DISPO	SITION (No	me of		DATE 20c LO	CATION —	efield.		
21. SIGNATURE OF FUNERAL SERVICE LE	tewart-	TIL		Stew		unei	cal Home Road, N.E				
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.METASTAT	n eech line.	R OF	r the mo	de of dy	ng, aucl	ea cerdiac or reapl	ratory arre	eat,	Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	AS A CONSEQUENCE										
PART II. Other significent condition	d	th but not resultin	g in the u	nderiving	ceuse (	ilven in	Part I. 24s, WAS AN	AUTOPRY	24h WE	RE AUTOPSY FINDINGS	

25, WAS CASE REFERRED TO MEDICAL EXAMINER?

1 ☐ YES 2 M ND 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 5 🗆 Rasidence 6 🗆 Other (Specify) 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident
3 Suicide 5 Pending investigation 1 YES 2 ND 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homleide

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death 29c. LICENSE NUMBER D2633/ 29d. DATE SIGNED (Morith, Day, Year)

12/30/92

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
HWETDER MD 5401 MACARTHUR BUD NWWASHD C-20016

Day

32. REGISTRAR'S SIGNATURE
JUNE DAY OSON - Mandale

TO BE COMPLETED BY FUNERAL DIRECTOR

MECTOR After the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should as a first death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6 6 % F F %

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

5

29b. SIGNATURE AND

JAN 0 4 1993

1 - STATE REGISTRAR	STATE OF I	MARYLANI	D / DEPAR	RTMEN	T OF I	IEALTH DE A	AND	MENTA	L HYGIE			
1. DECEDENT'S NAME (First, Middle, Last)				IOAI	_ 01	DEA		2. DATE	OF DEATH	).		3. TIME OF DEATN
JOSEPHIA	UZ T	THOMA	45					MONT	2 5	D S	YEAR	0650A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	last birthday)		R 1 YEAR	1	R 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
220-28-2488	1 🗌 M 2 💢 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) . 27 .	1932	ANNA	POLIS,MD.
9a. FACILITY NAME (If not institution, give a						OR LOCAT				7	INTY OF D	
1020 LAKE STREE	Γ				SALI	SBUR'	Y			14	WICON	1ICO
MD. WI	COMICO		11111111	.,	OR LOCAL BURY	TION						10d. INSIDE CITY LIMITS?
104. STREET AND NUMBER	LAKE STRE	FT				. zip coo	E			10g. CIT		VHAT COUNTRY?
1020 I	12. WAS DECEDEN		ABMEA	Lo							USA	
1 Never Married 2 Married 3 Widowed 4 XDivorced	FORCES? 1	YES 2	NO	13.	If yes, sp	ecity Cubi	ın, Mexica	an, Puarto	Y? (Specify Ye Rican, atc.)	s or No—	14. RACE Black Speci	- American Indian, t, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a.	DECEDENT'S	USUAL C	CCUPATION	ON		166	. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12) 12th	College (1-4 or 5		(Give kind of vi itle. Do NOT us )MESTI(	e retired.)	during mo	st of worki	ng		HOUSE	EEPE	R	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First,	Middle, Maider	Sumame)		
MI	LTON WIGF	FALL					ROSA	WAT	KINS			
19a. INFORMANT'S NAME (Type/Print)			196. MAILING	AOORES	S (Street a	nd Numbe	or Rural	Route Num	ber, City or Tox	yn State, Zij	P PROPERTY	ER, MD <sub>21821</sub>
MILTON WIGFALL			RTE. 3	,	* P	•0•	ROX	2476	8, DAN	ILS U	UARTI	21821
20a, METHOD OF DISPOSITION 1 (X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	GREE	CEAND DATE OF	of olspo	EM.	PARK		1 -24	-93 SA	LISB	City or To	MD.
21. SIGNATURE OF FUNERAL SERVICE-LI	falley	3		22.				PIAL Y, M	CHAPEL			, BOX 920
23. PART I. Enter the diseases, or ahock, or heert failura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cet	t caused the use on each I	ine.						diac or resp	iratory ar	rest,	Approximete Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	b	(OR AS A CON	SEOUENCE OF	ງ:			·					
CAUSE (Disease or Injury that initieted evente resulting in death) LAST	c. OUE TO	(OR AS A CON	SEQUENCE OF									
PART II. Other significant condition	s contributing to	deeth but no	ot resulting i	n the u	nderlylne	ceuse (	given in	Part I.	24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
ALOHOL	Abuse								PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
COPD								_	1 TYES	Miles		OF DEATH?
												1 125 2 7 40
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATN (Che	eck only on	e)			
1 YES 2 MO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	R:			8 🗆 Othe				
27. MANNER OF DEATN	28a. DATE OF (Month, D		28b. TIME		28c. INJ	JRY AT			CRIBE HOW	NJURY OC	CURED	
1 Natural 5 Pending Investigation	(	-,,,	11430	M		RK? 'ES 2 [	NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm, a	freet, fac	tory, office	,		28f. LOC. City	ATION (Street or Town, State)	and Number	or Rural R	oute Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSIC DESCRIPTION OF THE CONTROL OF	CIAN: To the best of as	my knowledge, reminetion and/	death occurre	d at the t	lime, date	end place,	and due	to the cau	se(a) and ma	nner as atat	ed,	and manner as stated

29c. LICENSE NUMBER

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

ND

560

IRAUTT

32. REGISTRAR'S SIGNATURE

36576

SAMISBUR

29d. DATE BIO

Nue o su

AND THE PARTY OF T

general and the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Elsa Goris, M.D.

31. DATE FILED (MONTH, Day, Year)

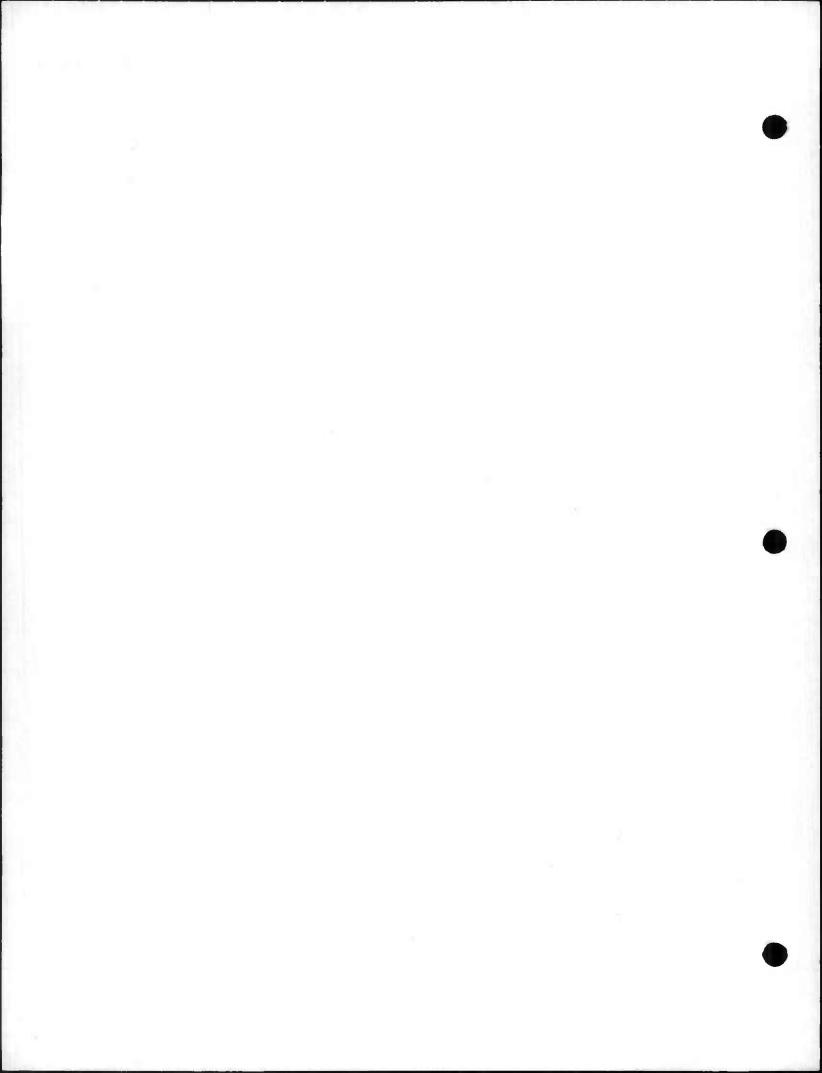
BEG 0 4 1992

Alan

32. REGISTRAP'S SIGNATURES

EATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	PINECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e nous are cean win the state begin of realth and Mental hypere prior to bunal, cremation, or removal.
equires that the death certificate be executed within 24 h	in signed by the attending physician and completely filled	in health and Mental Hygierle prior to burial, cremation,
UPL OR ATTENDING PHYSICIAN: The law req	PAL DIRECTOR: After this certificate has been	I Herr 28 is marked or Herr 23 she

														92	38255
		1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR						YGIEN			
	1	1. DECEDENT'S NAME (First, Middle,	Lest)								2. DATE OF	DEATH			3. TIME OF DEATH
	-1	IRVING		James	Towns	send	Sr.				MONTH 12	f	19	92ª	4:40p M
	1	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTHE	PLACE (State or Foreign
		220-09-1081	- 1	1 😡 M 2 🗌 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di 08/ ]	8/10	5	Country	yland
		9a. FACILITY NAME (If not institution	give stre	et and number)			9h CITY	TOWN (	OR LOCATI	ON OF DE		0/ 0		NTY OF DE	9
DIBECTOR	5	DEER S HEAD	CE						ALI					COMIC	
١٤		RESIDENCE OF DECEDER	OUNTY			100 00	Y, TOWN	201004	FION						
9		Maryland W		ico			lisb		IION						10d. INSIDE CITY LIMITS?
		10e. STREET AND NUMBER							I. ZIP COD	F			10a CITI		1 YES 2 NO
FIINERAL		Rt. I, Rivers	ahis	Dr					2180				USA		HAT COUNTRY?
1 2		11. MARITAL STATUS	- T	12. WAS DECEDEN	T EVED IN U.C. A	DMED	100								
N Y		1 Never Married 2 Married 3 Widowed 4 Divorced		FORCES? 1	YES 2 X	NO	1	If yes, sp		ın, Mexica	NC ORIGIN? (S n, Puerlo Rica /:		or No	Specify	
		15. DECEDENT	S EDUCA	TION	140.0	ECEDENT'S	LIGHTAL	COURATI	241		401 22		SINESS/INC	whi	te
COMPLETED		(Specify only highes	t grade co	ompleted)	S	Give kind of Do NOT u	work done	during mo	at of worki	ng	100, KN	NO OF BUS	SINESS/INL	JUSTRY	
=		Elementary/Secondary (0-12)		College (1-4 or 5	"	arme					200	riou	lture		
g 2	1	17. FATHER'S NAME (First, Middle, La	-0			armer									
											ME (First, Midd		Sumame)		
E H		William James		isena							Jane Si				
2		19a. INFORMANT'S NAME (Type/Prin	1		,						Route Number,				
		May Lola Towns	end			3050	0 Va	lent	ine	Dr.,					21853
		20a. METHOD OF DISPOSITION 1文母urial 2 □ Cremation 3 □	Remov	al from State	20b. PLACE cemetery, cr				ame of		DATE	20c. LO	CATION —	City or Tow	rn, State
	ł	4 Donation 5 Other (Specify	)	-	Shad	Poir	it Ce	mete	ery		12/4	Sa1	isbu	rv. M	ſd.
	1	21. SIGNATORE OF FUNERIAL SERV	CE LICE	del /					NO ADDRE	SS OF FA	CILITY		_		
	ı	150	1	601	_						eral E		22		
	501 snow Hill Rd., Salisbury, Md. 21801  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate														
		shock, or heart fe	llure. Li	mprications that st only one csu	se of such lin	eath. Do i e.	not enter	the mo	de of dy	Ing, suc	h as cardiac	or respi	ratory sn	rest,	Approximats Interval Between
2	I	IMMEDIATE CAUSE (Finel													Onset and Death
2		disease or condition resulting in death)	8.	Presi	med ca	arci	noma	of	the	e lu	ıngs				
	1	The state of the s		DUE TO	(OR AS A CONSE	QUENCE O	F):								
Z		Sequentially that conditions	b.												
		Sequentially list conditions, if any, leading to immediate		DUE TO	(OR AS A CONSE	QUENCE D	F):								
ERTIFICATION		cause. Enter UNDERLYING CAUSE (Disease or Injury	6												
		that initiated events	1	DUE TO	(DR AS A CONSE	QUENCE O	F):								
		resulting in death) LAST	d.												
		PART II. Other significant con	dittens		death his are	- 100									
Į į		Alzheimer's	ortions		Hypo:	resulting	In the ur	IderlyIn	g cause :	given in	Part I. 24	PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
		vascular d			Conges						_   11	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
							nea	IIL	Iai.	Ture					1  YES 2 NO
PHYSICIAN: MEDICAL		Old CVA, B	cond	chial a	asthma	•									
		25. WAS CASE REFERRED TO MEDIO EXAMINER?	_						ACE OF D	EATH (Ch	eck only one)				
S		1 TYES 2 NO		HOSPITAL:	ER/Outpetient	3 🗆 DOA	OTHE!		e 5 □ Re	esidence	8 Other (St	pecify)			
<u> </u>		27. MANNER OF DEATH		28a. DATE OF		28b. TIN		28c. INJ			28d. DESCRI	BE HOW II	NJURY OC	CURED	
	-	1 Netural 5 Pending		(Month, D	ay, rour)	- "	JURY M		YES 2	NO					
BY		2 Accident Investig 3 Suicide 6 Could n		28e. PLACE O	F INJURY — At h	ome, farm,	atreet, fact	ory, offic	•		28f. LOCATIO	N (Street a	ind Number	or Rural Ro	oute Number,
	ı	4 Homicide determin		building,	etc. (Specify)						City or To	own, State)			
		29a. CERTIFIER . AN CERTIFICATION	DUVELO	AN. T. M. A											
A P				AN: To the best of											
COMPLETED		4 LI MEDICAL EX	- mindEld:	OIL THE DESIR OF R	semmenton and/or	irrvestigatio	on, in my c	pinion, d	eath occur	red at the	time, data and	place, an	d due to th	e cause(a)	and manner as stated.
		296. SIGNATURE AND TITLE OF CEI	TIFIER	2	.) 14	D			29c. LICI	ENSE NUA	MBER 0 9 7		29d. DAT	E SIGNED (	Month, Day, Year)
1 2		30. NAME AND ADDRESS OF PERSO	OHW MC	COMPLETED CAUS	SE OF DEATH (ITI	M 27) (Type	, Print)			) در ،	210		- /	4-,	2-1112
or della	.0	Elsa Goris	5, I	1.D.	Deer'	s He	ad (	Cent	er,	Sa	lisbu	ry,	Md.	218	01



2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

3-30-3140

1 -

31. DATE FILED (Month, Day, Year)
DEC18

	10e. STATE	10b. COUNTY	1		10c. CITY, T	OWN OR LO	CATION		-		100	I. INSIDE CITY	
DIREC	Maryland	Frede	rick		Fred	erick					1 6	LIMITS?	
AL	10e. STREET AND NUMBER		.T. I.C.K.		TICU		10f. ZIP CODE			10g. CITIZEI		T COUNTRY?	
E I	30 North B	21200					21701			11	S.A.		
FUNER	11. MARITAL STATUS	Lace	12. WAS DECEDENT EV	ER IN U.S. AR	MED	13. WAS D	ECENDENT OF HISPA	ANIC ORIGIN	? (Specify Yea		RACE -	American Indian,	
	1 Never Married 2	Merried	FORCES? 1 1		10	If yes,	specify Cuban, Mexic ES 2 NO Spec	en, Puerto			Black, W Specify:	hife, etc.	
BY	3 Widowed 4 Div	orced	ir res, dive win c	ON UNIES			Es 2 X NO Spec	ary.				White	
		EDENT'S EDU		18e. DE	CEDENT'S US	UAL OCCUPA	TION	166	KIND OF BUS	SINESS/INDUS			
COMPLETED	(Specify on Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5+)	life.	Ne kind of work Do NOT use ri	done during tired.)	most of working						
립	4 years			Nt	ırses	Aide							
O	17. FATHER'S NAME (First, A	Aiddle, Last)			2.VVIII - VVIII - V		16. MOTHER'S N	AME (First,	Middle, Meiden	Surname)			
EC	John Casper						Anna S	tasko	)				
00	19a. INFORMANT'S NAME (	Type/Print)		190	b. MAILING AD	DRESS (Street	et and Number or Rura	l Route Num	ber, City or Tow	n, State, Zip Co	ode)		
2	Patty Const	antino	)		11413	Scott	sbury Te	rrace	Germa	ntown	. MD	20876	
1							cemetery, crematory or			CATION — CIT			
	20a. METHOD OF DISPOSIT  1/1 Buriel 2 Cremati  4 Donation 5 Other		oval from State	other pl	ecel		ptist			ntral			
- 1	21. SIGNATURE OF FUNERA		CENSEE		-	22. NAME	AND ADDRESS OF F	ACILITY					
- 1	610	1	( )>	711	_	ROBE	RT E. DAI	LEY 8				MES, P.A.	
	Kli	5	de	200	40	1201	NORTH MA	RKET	ST. F	REDERI	CK, I	4D 21701	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											Approximata	
	IMMEDIATE CAUSE (FI											Onset and Des	
	disease or condition	<b>→</b>	e. DUE TO (OR	8-Ru	here	nu a	Lung						
	resulting in death)	•	DUE TO (OR	AS A CONSE	OUENCE OF):	)							
-		-	Mou	* Foi	Lune								
CERTIFICATION	Sequentially list condi		DUE TO (OR	AS A CONSE	DUENCE OF:								
A	cause. Enter UNDERLY	ING	Athe	welle	whe	Gul	romino	Lis	con				
Ĕ	CAUSE (Disease or inj that initiated events	ury	DUE TO (OR	AS A CONSE	QUENCE OF):								
H	resulting in deeth) LAS	ST	d.										
AL	PART II. Other aignific		_		_	*	ing ceuse given i	n Part I.	24a. WAS AN PERFOI		AV	ERE AUTOPSY FINDING AILABLE PRIOR TO	
EDICAL	Chen	in oft.	Ametice L	my Il	sugar	/			1 TYES 2	NO		MPLETION OF CAUSE DEATH?	
ME											1 (	YES 2 NO	
-													
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL				26.	PLACE OF DEATH	Check only o	ne)				
SE	EXAMINER?		HOSPITAL:	/Outpatient 3		THER:	lome 5 🗆 Residence	6 □ Oth	er (Specify)				
H	27. MANNER OF DEATH		26a. DATE OF INJI	URY	26b. TIME C	F 26c.	INJURY AT		SCRIBE HOW I	NJURY OCCU	RED		
9	1 Natural 5	Pending	(Month, Day, Y	bar)	INJUR		WORK? YES 2 NO						
0	2 Accident 3 Suicide	Investigation	28e. PLACE OF IN	JURY — At he	ome, ferm, stre	et, fectory, o	ffice	28f, LO	ATION (Street	and Number or	Rural Rout	e Number.	
	4 Homicide	Could not be determined	building, atc.	(Specify)		,		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
NPLET	29a, CERTIFIER												
90	(Check only		ICIAN: To the best of my										
8	2 MEI		ER: On the basis of exami	nation and/or	Investigation,	In my opinio	n, death occured at ti	he time, dat	e and place, ar	nd due to the	cause(e) er	id manner as stated.	
BE	296. SIGNATURE AND TITL	E OF CERTIFIE	R	A			29c. LICENSE N					onth, Day, Year)	
	C	vita.	~, ~ ~	you	· . n.		10-1	319	/	12	2-18-	-92	
2	30. NAME AND ADDRESS (	F PERSON WI	O COMPLETED CAUSE O	F DEATH (ITE	M 27) (Type, Pr	int)	John 1						
- 1	Annh 1	r 11	An DATA M.	/X -	1 1/-		Ithe and	n T	which	- 0	7 . "	112	

32. REGISTRAR'S SIGNATURE

there am inson- Pandelle

1992

MARY E. TVARDZIK

HEAlth CARE CENTE

TUARdzis

MRY E.

1 M 2 FF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

92 38256

BARNS bORO : DI

Approximsta Interval Between Onset and Death

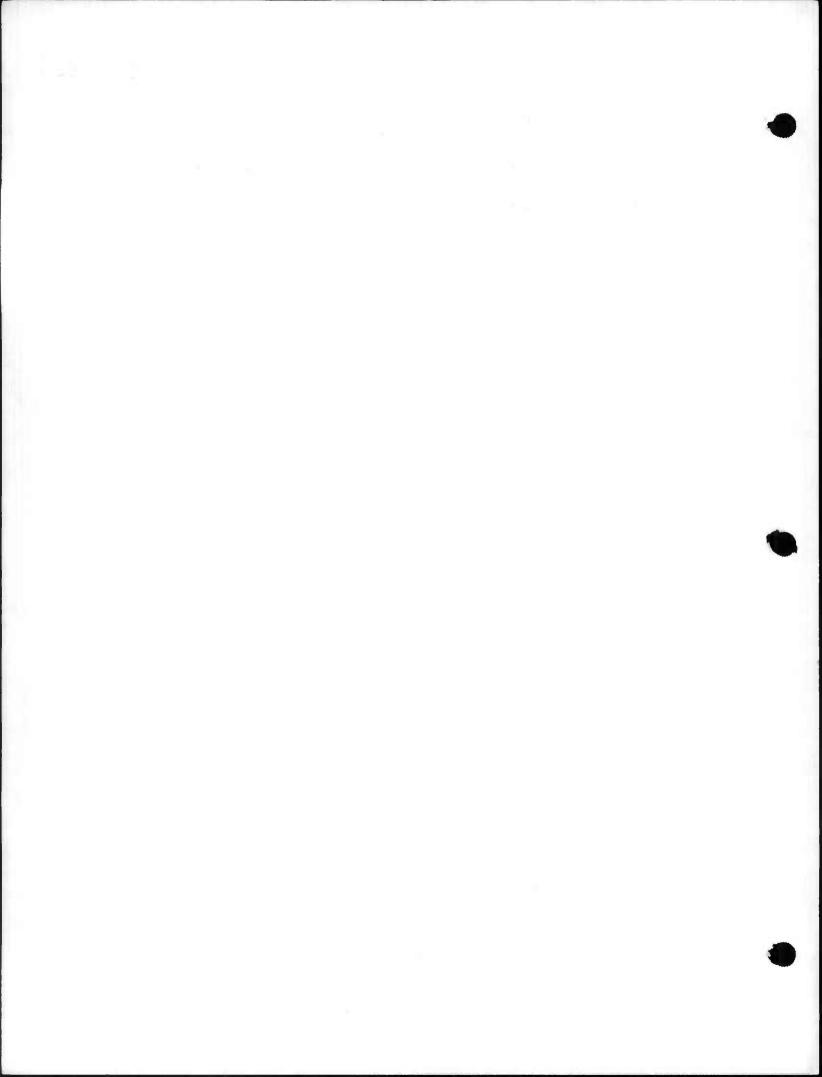
24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

21702

3. TIME OF DEATH OAM
4:10AM

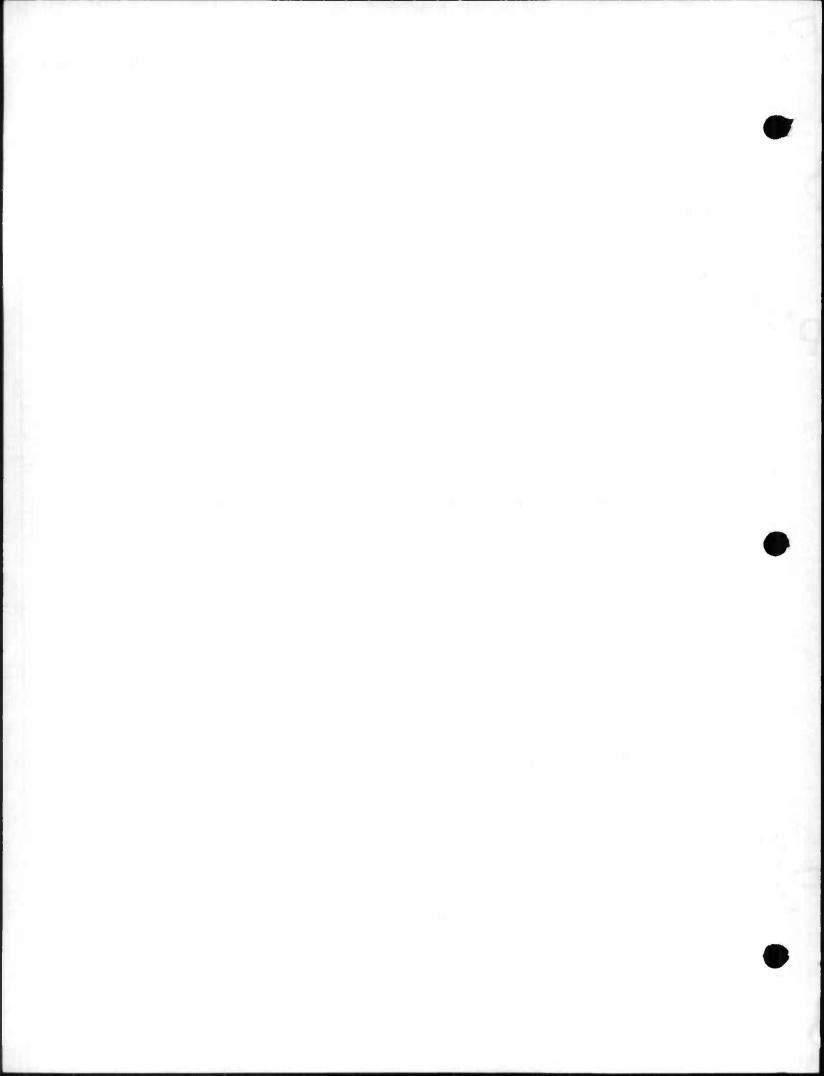
2. DATE OF DEATH 122-18-962R

7. DATE OF BIRTH (Month, Day, Year) 5



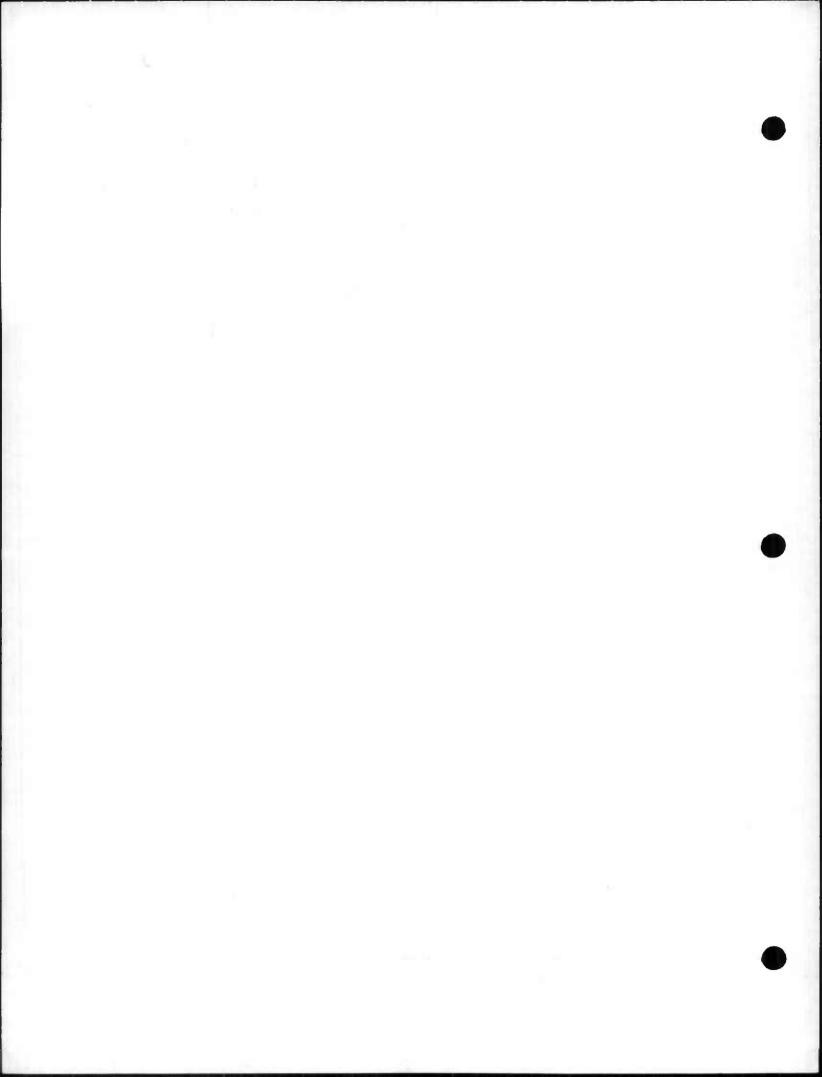
etain	sho	
9	5	
ay b	pad	
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Page	direc	
normal PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	A DIRECTOR AND THE CENTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 sho	
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af	3	BILL
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1	S	THE STATE OF
DIME	Ather	The state of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest) Henry Joseph	Tremont				2. DATE OF DEATH MONTH	199;	3. TIME OF DEATH			
			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFITH (Morth, Day, Year)	8.8	MRTHPLACE (State or Foreign			
	103-07-0028		72 YRS.	MONTHS DAYS	HOURS MIN.	2/12/192	0 1	lew York			
E	9a. FACILITY NAME (II not institution, give stre Frederick Memoria			Frede	OR LOCATION OF D	EATH	Bc. COUNTY				
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	ne nospecac					Freder				
DIRECTOR		ederick		rown on Loca rederic				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER			V	f. ZIP CODE		10g. CITIZEN	1 YES 2 NO			
FUNERAL	1719 Country Cow					702	USA				
8	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) ly:		RACE — American Indian, Black, White, etc. Specify: White			
品	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	16e. DECEDENT'S (Give kind of w	ork done during me	ON ost of working	16b. KIND OF BU	OF BUSINESS/INDUSTRY				
PLET	Elementary/Secondary (0-12) 1 0 - 1 1	College (1-4 or 5 +)	Photo de	retired.)		Pe					
COMPL	17. FATHER'S NAME (First, Middle, Last)		more de	pr. sup		AME (First, Middle, Melder	ignal C	onps			
ш	Joseph Tremo	nt			Ruth	Ziebolz					
TO B	18a. INFORMANT'S NAME (Typo/Print)  Janice Tremont					Route Number, City or Tov		•			
B	20a. METHOD OF DISPOSITION	200	PLACEANDDATEC	E DISPOSITION /N	ame of	ederick. M	CATION - CIN	Town State			
Ten I	1 Burlai 2 Cremation 3 Remov	rei from State cen	Smiths bu	rg Cremo	atory 12	/20/92 Sm	ithsbur	a. Md.			
a venilla	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		I 22. NAME A	ND ADDRESS OF FA	ERAL HOME,					
	23. PART I. Enter the diseases, or co	Lemmer		Fred	erick. Mi	d. 21702		07 1819			
, 110	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. CANCE P LIMY  DUE TO (OR AS A CONSEQUENCE OF):  Regul 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2										
RTIFIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (DR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 DATE OF DEETH OF										
PHYSICIAN:		HOSPYTAL:		OTHER:	LACE OF DEATH (C						
H X	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b, TIMI	OF 28c. IN.	JURY AT	6 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURE	0			
BY F	1 Natural 5 Pending 2 Accident Investigation		INJ	M 1 🗆	YES 2 NO						
ETED	3 Suicide 6 Could not be 4 Homicide determined	6 Could not be  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number City or Town State)									
OMPL	(Check only one)  29a. CERTIFIER 1  Check only one)  2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of examination						rse(a) and manner as state			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		2		29c. LICENSE NU	MBER	20d. DATE SIG	NED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF THE	ATH (ITEM 27) (I	12/19/92							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  NICLULAS P. FUR 15, 915 TOLINOUSE, Fred evil 1 May  31. DATE FILED (Magnity, Day, 1941)  32. REGISTRAR'S SIGNATURE										
	DEC 2 8 199	1 / 1 -	won-Randal	2							



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	IE HOSPITH, OPPITHENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after	IE. FUNERAL INFECTOR. WHI THIS CARTIFICATE has been signed by the attending physician and completely filled in by the	d within 72 has a profitm with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	DOTAL

	1 - STATE REGISTRAR DANIEL JA	STATE OF MARYUMES THOMASON	AND / DEPARTM	ENT OF H	EALTH AND DEATH	MENTA	AL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	nos Than	nascul			2. DATE	E OF DEATH DAY	YEAR 3	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-15-8244	5. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH th, Day, Year)	Country)	ACE (State or Foreign		
тов	9a. FACILITY NAME (If not institution, give at	reet and number) Le mori al He.	5× 20 /	reder	OR LOCATION OF D	Plary	Rand F	unty of DEA	ricK		
DIRECTOR	MD. 10a. STATE 10b. COUNTY	rederick		own on Locat Valker				1.5	Od. INSIDE CITY LIMITS?  X YES 2 NO		
FUNERAL	100. STREET AND NUMBER  11 Gallorette C	t.		101	21793			TIZEN OF WH USA	AT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, spe		NIC ORIGI an, Puerto	N? (Specify Yes or No-	- American Indian, White, etc.			
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo: tired.)	ON st of working	164	b. KIND OF BUSINESS/II				
COMPLET	17. FATHER'S NAME (First, Middle, Last)		stu	dent	18. MOTHER'S N	AME (First	M/A Middle, Melden Surname)				
BE C	Donald James Tho	mason III			Juli	e An	n Landry				
5	19a. INFORMANT'S NAME (Type/Print)  Donald & Julie La	ndru					nber, City or Town, State, 2 TSVILLE, M		02		
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Remo	20b.	PLACE AND DATE OF D	ISPOSITION /Na	me of	DAT	TE 20c LOCATION -	- City or Town	State		
	4 Donation 5 Other (Specify)	R	esthaven l	lemorio	ul Garde	ns 1:	2/92 Fred	erick,	Md.		
	Houle	Len	inclr	Frede	rick, M	d. 2			1819		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF)										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  246. WAS AN AUTOPSY PERFORMED?  1   YES 2   NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF DEATH (C)		//				
BY PHY	27. MANNES OF DEATH  1 Maturel 5 Panding 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, 16ar)	ZNE. TIME OF	28c. INJ	URY AT RESIDENCE PRK?	-	OF (Specify) SCRIBE HOW INJURY OF	CCURED			
	2 Accident 3 Suitcide 8 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Serri, State) 28s. LOCATION (Street and Number or Rural Route Mumber. City or Serri, State)										
COMPLETED		CIAN: To the best of my knowle R: On the basis of examination							nd manner as stated.		
TO BE	Soul Toward			7	DYII	861	29d, DA	TE SIGNED (N	lanth, Day, Wast		
F	Have Feinberg Adjustric Center 1475 Taney Ave. Frederick IMD 2702										
	DEC 21 1992	Fulia Landson									



1 - FOR STATE REGISTRAR

ITEMS:

1. DECEDENT'S NAME (First, Middle, Last)

5 1993

Savidson-Randall

YEAR

3. TIME OF DEATH

21201

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH

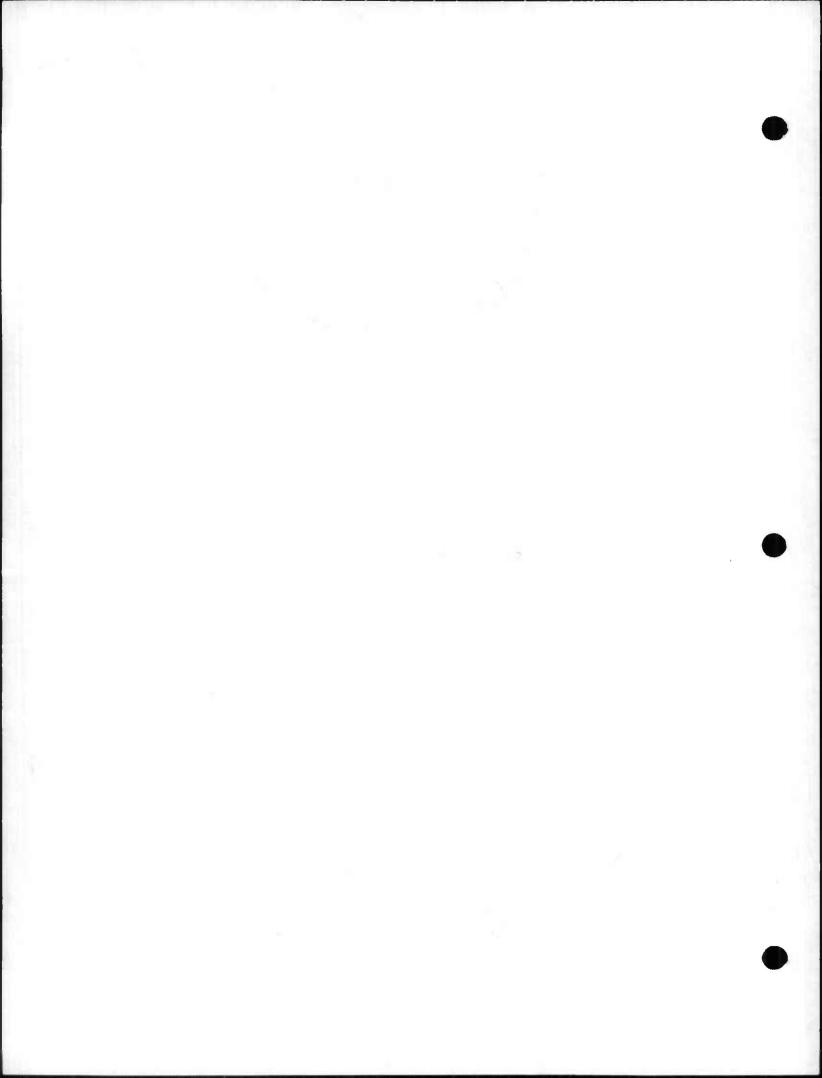
Penn Street, Baltimore, Maryland

BALTIMORE, MARYLAND 21215-0020

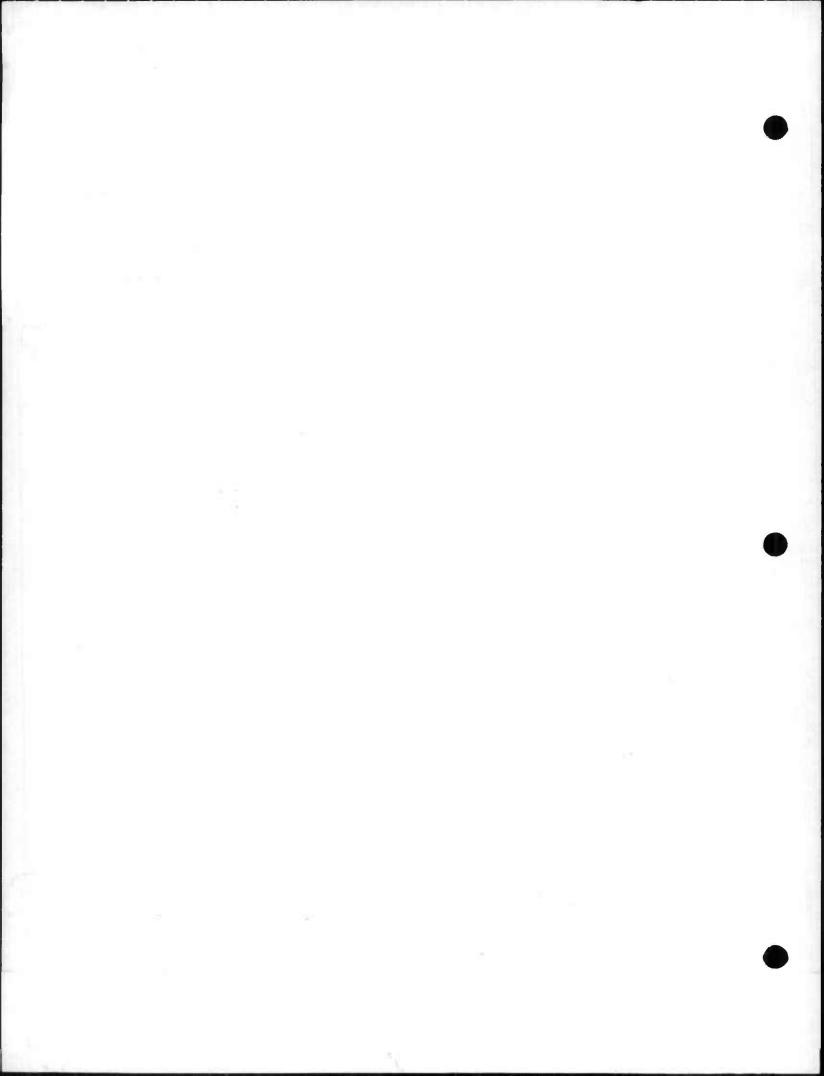
ON OF VITAL RECORDS, P.O. BOX 68760,

- 1	EDWARD	CL	NOTNI		T	HOMA	S		12	2 31	1	992 2	2:20
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
	578-96-1078	1 🖾 M 2 🗌 F	32	YRS.	- William	LAT 8	HOUNE	mira.	11/	2/60		Wash	n.,D.C.
	9a. FACILITY NAME (If not institution, give					ry, TOWN C					9c. COU	NTY OF DEAT	гн
	5367 SHERIFF	ROAD			S	EAT	PLE	ASAI	TV		PR	INCE	GEORGES
	10a. STATE 10b. COUR		,	10c. CIT	TY, TOWN	OR LOCAT	ION					10	Od. INSIDE CITY
	Md.	P.(	j.		Se	at P	'Iea	sant	t			2	LIMITS?
	10e. STREET AND NUMBER					101	ZIP COD	E		-	10g. CIT	ZEN OF WH	AT COUNTRY?
	109 68th	Pl.					2	0743	3			U.S.	. A .
Ì	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A		13	If yes, spe	ENDENT (	OF HISPAN	VIC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14. RACE Black, V	- American Indian, White, etc.
	3 Widowed 4 Divorced	1980 -	1982			1 TYES				Spi			Black
	15. DECEDENT'S E	UCATION	16a, C	DECEDENT'S	USUAL	OCCUPATIO	)N		16	16b. KIND OF BUSINESS/INDUSTRY			
	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 a	1	(Give kind of te. Do NOT u	se ratired.	)		ng	U	U.S. Government			it
		2 yrs.		tire	d-D	isab	le			U.S A	rmy		
ı	17. FATHER'S NAME (First, Middle, Last)									Middle, Malden	Sumame)		
ļ	Sylveste	r J. Tho						oris					
l	19a. INFORMANT'S NAME (Type/Print)									nber, City or Tow	n, State, Zip	Code)	
	Sylvester J. T	homas,Sr		Sam				abor	7e				
	20a. METHOD OF DISPOSITION 1 M Burlai 2 Cremation 3 Re	moval from State	cemetery, c	EANDDATE remetory or d MONY	OF DISPO	SITION (Na	me of	1 / 0	DA	T		City or Town	
1	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	JCENSEF	паг	шопу	-	. NAME AN				Lai	aove	er,Md	•
1	· Rany	N L	rat	t		H.S.	Was	hind	rtor	& Sc	ns,	Inc.	
4	23. PART I. Enter the diseases, o								-	Ave.			
CALION	a. SETZURE DISURDER  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
	CAUSE (Disease or injury that initiated events resulting in death) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):												
EDICAL	PERFORMED? AMAIL COMP											ERE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION OF CAUS F DEATH?	
										^		1	YES 2 NO
												/	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTUE		ACE OF D	EATH (Ch	eck only o	ne)			
	TYPES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHE	:PI: Iraing Home	e 5 □ Re	esidence	6X XIII	er (Specify) P	ARK	ING L	OT IN
	27. MANNER OF DEATH  1)( Netural 5 Pending	28a. DATE OF (Month, De	INJURY ay, Year)	26b. TIN	IE OF JURY	28c. INJI WO	URY AT			SCRIBE HOW I			TRUCK
	2 Accident Investigation				M		'ES 2 [	NO					
	3 Suicide 6 Could not b	building,	F INJURY — At I etc. (Specify)	nome, farm,	street, fa	ctory, office				CATION (Street a or Town, State)		or Rural Roul	e Number,
4	29a. CERTIFIER												
	(Check only   CERTIFYING PHY												
۱	4 4	ER: On the besid bha	remination and/o	r investigatio	on, in my	opinion, de	eath occur	red at the	time, det	e and place, en	d due to th	e cause(a) a	nd manner as state
	290' SIGNATURE AND TALLS OF BERTS	The state of the s	h.				29c. LICI	ENSE NUN	#BER		29d, DAT	E SIGNED (M	lonth, Day, Year)
	1000-7	runy	114				0	.C.P	1.E.		•	1/01	/1993
2	MARIO F.	HO COMPLETED CAUS	TO ANTI-	EM 27) /7/pe	Print)								
	IMARIO T.	JOLUE L	从性性	Peni	n S	tree	t. 1	Balt	imo	ore. M	larv!	and	21201

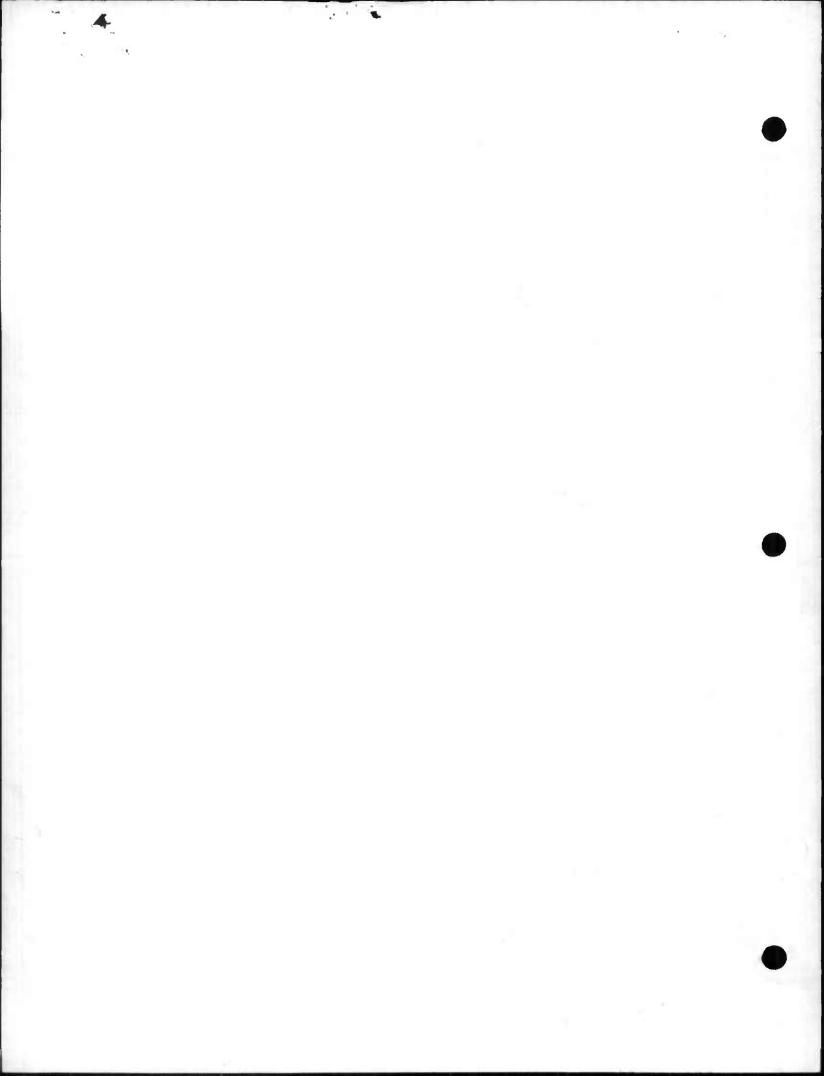
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	¥	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	AL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)  EDWAND	7.	TAYlor			2. DATE	E OF DEATH		YEAR 3.	8'00 A
Pin		4. SOCIAL SECURITY NUMBER 578-70-5091	1X M 2 □ F	41 YRS. NO	FUNDER 1 YEAR INTHE DAYS	IF UNDER 24 HMS. HOURS MIN.	(Mon 5-	E OF BIRTH 1th, Day, Year) 16-51		Virgi	
1, 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give at	reet and number)	40SPITAL SH	C/L	OR LOCATION OF D	EATH		Pilipina	NCE	
permit. Pages 1	DIRECTOR		ce Georges	100	OWN OR LOCAT	TION					1. INSIDE CITY LIMITS? YES 2 NO
ist	FUNERAL	100. STREET AND NUMBER  1710 Mystic Aven				1. ZIP CODE 20745			U.S.		COUNTRY?
215-0020 attending physician. se as the burial-transit	B≺	11. MARITAL STATUS 1  Never Married 2 X Married 3  Vidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	CENDENT OF HISPA Hecify Cuben, Mexico 3 2 NO Special	an, Puerto		or No — 14	Black, Wi	American Indian, hite, etc.
2 8 3	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) Coflege (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo stired.)	ost of working	160	b. KIND OF BUS			
the hospital detached to	COMP	17. FATHER'S NAME (First, Middle, Last)	2 years	Graphic:	Illust	rator	AME (Einst	Privat			
YLA by the	BE CO	Edward Taylor				Vivian			Sumame)		
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	and Number or Rural			n, State, Zip Co	ode)	
88 0		Sharon Smith			ystic A		1	ill, M			
BALTIMORE, or death. Page 6 may be the funeral director, page val.		1)X Burial 2 Cremation 3 Remo	ovel from State cem	b. PLACE AND DATE OF D metery, crematory or other armony Memo	orial]			93 Land	dover,		State
		· jørmberly	C. Bus	Ical	7474	Landover	J.	Landov	ver, M	1D 20	al Home 0785
in 24 hours by filled in t lation, or re-		23. PART/I. Enter the diseases or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Meter Cite	hay Care		ide of dying, suc	ch as car	diac or respi	ratory arres	R,	Approximate Interval Between Onset and Death
687 xecuted and com burial, attle ev	NOI	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE OF):							
m to to to	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):								
S, P death atten ental H	CEF		1.								
RECOR requires that seen signed by of Health and shows any	N: MEDICAL	SoASIS	s contributing to death b	out not resulting in the	he underlying	g cause given in	Part i.	24a. WAS AN PERFOR	IMED?	AMA. COM OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO INFLETION OF CAUSE DEATH?  YES 2 NO
ITAL I: The lav cate has State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Ια	26. PL THER:	LACE OF DEATH (Ch	heck only o	ine)			
SICIAN: The certificate h the State h	1YS	1 YES 2 NO	1 Inpatient 2 ER/Outp		☐ Nursing Hom	ne 5 🗆 Residence	7				
DING PHYSICIAN: The law After this certificate has the death with the State Dept is marked, or item 23	BY PI	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	M 1 1	OURY AT DRIK? YES 2 NO		EŞCRIBE HOW IN			
DIRECTOR IS IN THE COLUMN 28 IS	ETED	3 Suicide 6 Could not be detarmined	building, etc. (Spec				City	CATION (Street a y or Yown, State)			Number,
7-14-	COMPL		CIAN: To the best of my knowledge.  R: On the basis of examination								I manner se stated.
TO THE HOPPING THE FUNDS OF FIELD WITH	TO BE	296. SHOMATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER 2		29d. DATE S	HGNED (Mor	nth, Day, Year)
(10)		30 NAME AND ADDRESS OF PERSONNING	MONPLETED CAUSE OF DE	ATH UTEM 27) (Type, Pris	12)	; h	HARL	ey K	Tree.	41	0
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN. 3 Linia Davi	idson-Randall	-		_				



	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA	MENT OF H	EALTH AND I	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest) ELNORA	TI	HOMAS			2. DATE OF DEATH	DAY 31	year 92 6:15 A M
	4. SOCIAL SECURITY NUMBER 245-86-5995  9a. FACILITY NAME (If not institution, give a	1 □ M 2 🖄 F 68	YRS.	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SHITH (Month, Day, Year) May 9, 1	924 N	North Carolina
DIRECTOR	PRINCE GEORGE	S HOSPITAL CE	NTER	CHEVE	RLY	АТН		CE GEORGE <sup>t</sup> S
	Maryland Prince	e Georges	14 1-	dover				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	7701 Michelle Dri			2	20785		Uni	ted States
E I	11. MARITAL STATUS 1 Never Married 2 Merried 3 Nover Married 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	⊇ □ NO	If yes, spe		IIC ORIGIN? (Specify 1 n, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 3 r d		e. DECEDENT'S USI (Give kind of work ille. Do NOT use re Re	done during mos	N st of working	16b, KIND OF B	USINESS/INDU	STRY
BE CON	John Hawkins				Louis			
TO B	100. INFORMANT'S NAME (Type/Print) Eligha Thomas		1			Route Number, City or R Landover,		
	20s. METHOD OF DISPOSITION   Marie   2   Cremetion 3   Rem   4   Donation 5   Other (Specify)     21. SIGNATURE OF FUNERAL SERVICE LIE	State	y, cremetory or other	etery 22. NAME AN Stewa	Jan 3 D ADDRESS OF FA rt Funer	1993 Scot al Home	tland Ne	ck, North Carolina hington, D.C.
	IMMEDIATE CAUSE (Final	ecomplications that caused the List only one cause on each a. Bronchage DUE TO (OR AS ACC	line.				LUN	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO						
MEDICAL CE	PART II. Other aignificant condition	contributing to death but		he underlying	cause given in		N AUTOPSY DRMED? 2 (1) NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	ack only one)		10.123.2010
PHY	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Minpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)		F 28c. INJI	JRY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide detarmined	28s. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree			261. LOCATION (Stree City or Town, State	t and Number or e)	Rural Route Number,
O BE COMPLET		CIAN: To the best of my knowledger: On the basis of axamination an						
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Da . 7 "	no.		D395	IBER 50		SIGNED (Month, Day, Year) 2 - 3   - 9 2
	George C. Hajj	ar, Jr. m.p.	4850 F	or be s	Blvd.	Lantakn		
	JAN 0 5 1993	32. REGISTRAR'S SIGNATU	RE Pandall					



TO THE HOSPITAL OR ATTENDING PHYSICIAN. DO 4th requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Depty of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or light 23 shows any injury, or other traumatle event, the medical examiner must be notified at once.

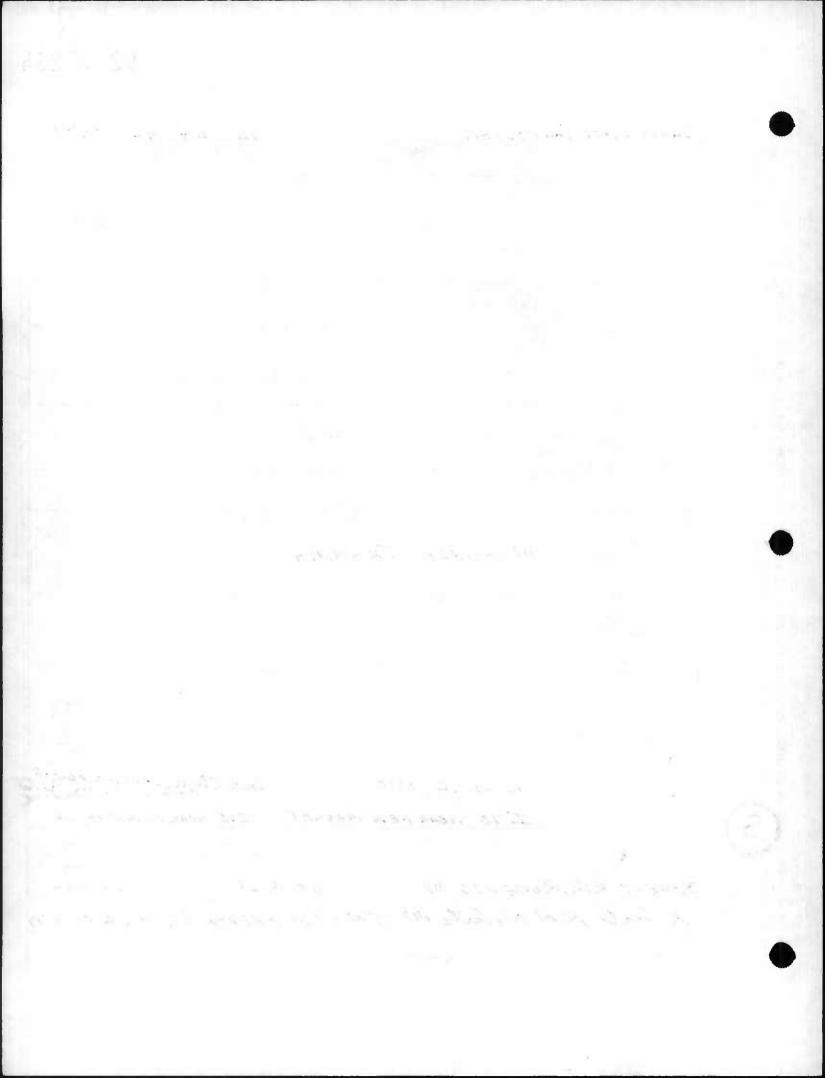
_	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH	MY	YEAR 3	TIME OF DEATH
ŀ	UNKNOWN 92 -							7.1	5		92	2:30P
	4. SOCIAL SECURITY NUMBER	5. SEX ?	6. AGE (In	yrs. last birthda YRS	MONTHE	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH oth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give st  1516 E. Prestor RESIDENCE OF DECEDENT						ore City			9c. COUNT	TY OF DEA	ТН
	10e. STATE 10b. COUNTY	,			SITY, TOWN O		TION				10	Od. INSIDE CITY
ŀ	Maryland 100. STREET AND NUMBER			B	altim	_	. ZIP CODE			10g. CITIZI		YES 2 NO
L	1516 E. PrestonSt					-						
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 ND	1	f yes, sp	ecity Cuben, Mexic 2   NO Spec	en, Puerto		s or No 1		- American Indian, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade			16a. DECEDENT	of work done o			16	b. KIND OF BU	ISINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	-)	life. Do NO	use retired.)							
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,	Middle, Maider	Sumame)		
-	19e. INFORMANT'S NAME (Type/Print)  OCMO			19b. MAILI	ND ADDRESS	(Street a	nd Number or Rura	l Route Nur	nber, City or Tov	vn, State, Zip C	Code)	
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremetion 3 Remo 4 Denation 5 Other (Specify) in	ctato v	cemet	PLACE AND DAT	r other place)	ITION (Na	ma ol	DA	TE 20c. LC	OCATION — CI	ity or Town	, State
Γ	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Aona	eW 5	do Di	22.1	NAME AP	IN ADDRESS OF E	ACILITY .	14-4- 1	natom	V Po	brd
Ł	23 PART I. Enter the diseases, or c	Mac omplications the	t coused t	1/18/9: the death. De	3 65	55QW	, Baltimo de of dying, su	oreSt	,Balto	.MD 2	1201	Approximata
Ł	Junary /10	omplications the	t coused to see on each	1/18/9: the death. De	o not enter	the mo	,Baltimo	oreSt	,Balto	.MD 2	1201	Approximate Interval Batwee
	23 PART I. Enter the diseases, or c ahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition	DUE TO	t coused to see on each	1/18/9: the death. Do	OF):	the mo	,Baltimo	oreSt	,Balto	.MD 2	1201	Approximate Interval Batwee
	23 PART I. Enter the diseases, or cahook, or heart failure. It immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	t coused it cous	1/18/9: the death. Do th line. CONSEDUENCE	0F):	the mo	,Baltimo	oreSt	,Balto	AUTOPSY	1201 et,	Approximata Interval Batwea Onset and Daat Onset and Daat ERE AUTOPSY FINDINGS BILLABLE PRIOR TO DMPLETION OF CAUSE
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3	2	T
productions and the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	LIPECTOR. Are the conficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the common or named and the state beat, of Health and Mental Hydiene brief to burial cremation, or named and the state beat, of Health and Mental Hydiene brief to burial cremation, or named.	THEM 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Less	Anne	Forbes		Van	Wie		2. DATI	OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 579-28-3730	5. SEX	6. AGE (In yr	s. lest birthday) 7 YRS.	IF UNDER 1	1 YEAR IF UNI	DER 24 HRS.	7. DATE (Mon	OF BIRTH	100	Countr	PLACE (State or Foreign v),
9a. FACILITY NAME (If not institution, give		Rono	1		TOWN OR LOCA			2/1/	9c. COU	NTY OF D	
	e Arundel			TY, TOWN OF Lothi							10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 4121 Conte Road					10f. ZIP CC	711				S.A.	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDI FDRCES? IF YES, GIVE	TEVER IN U.S 1 YES 2 WAR OR DATES	NO	H	MS DECENDENT yes, specify Co  YES 2 1	ban, Mexica	и, Puerto	N7 (Specify Ye Ricen, etc.)	es or No—	Speci	- American Indian, t, White, atc. ty: Casian
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or	5+)	IIIe. Do NOT u	work done du use retired.)	CUPATION uring most of wo	rking	161	. KIND OF BU		USTRY	
17. FATHER'S NAME (First, Middle, Lest)	N/A		Homema	ker	18. MG	OTHER'S NA	ME (First,	HOMS Middle, Maide		4 4	
John Page  19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS	(Street and Numi			Chi			
Francis Van Wie	2				brook 1						
20e, METHOD OF DISPOSITION 1 \( \tilde{\Omega}\) Buriel 2 \( \tilde{\Omega}\) Cremation 3 \( \tilde{\Omega}\) Re: 4 \( \tilde{\Omega}\) Donation 5 \( \tilde{\Omega}\) Other (Specify)	moval from State	cemetery	CE AND DATE	other place!		10	1		OCATION —		
				oln Ce	meterv	12	30 9	Z DIE	SHEWOK	July 1	varviano
23. PART I. Enter the diseases, or shock, or heert fellure immeDiATE CAUSE (Finel disease or condition	complications to	net coused the	death. Do	22. N 66 not enter t	33 Old	Alex dying, suc	ande	ee Fur	neral ry Rd	Home Clir	Maryland  e, Inc.  nton, Md 20  Approximate interval Between Onset and Death
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F VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the chapter of Hashi, and Manual Hashing Abrilland Purple of Pages 1, 2, 3 should	if the State Dept. or nearly and received in the contract of the medical examiner must be notified at once.
TAL RECOR	The law requires that	ate has been signed by	iem 23 shows any
NO NO	MAINE PHYSICIAN:	rentific	6 marked, or if
	HOSPITAL OR ATTE	HUNE PL UPER	TANT. Nem 29
,	#1, O.L	TO THE	IMPOR

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)  TAMES SCOTT VA			Van Fo	ssen	2. DATE OF DEATH MONTH	DAY C	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-42-1468	1 🛣 M 2 🗆 F	(In yrs. lest birthday) 49 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Veer)	1943	Mary	
TOR	99. FACILITY NAME (If not institution, give str Interstate 70 w/b		arker		Market	EATH		eder:	
DIRECTOR	10e. STATE 10b. COUNTY	lerick	10c. CIT	y, town or locat					d. INSIDE CITY LIMITS?  YES 2 P NO
	10e. STREET AND NUMBER			100	ZIP CODE		10g. CITIZ		T COUNTRY?
ER/	4320 Teen Barnes	Road			2175	5		U.S.	Α.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR 1	2 NO	If yes, sp		IIC ORIGIN? (Specify to, Puerto Rican, etc.)	Yes or No—	14. RACE -	American Indian, thite, etc. White
	15. DECEDENT'S EDUC (Specify only highest grade i	ATION completed)	16a, DECEDENT'S	USUAL OCCUPATION Work done during mose retired.)	ON st of working	18b. KIND OF E	USINESS/INDI	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ntendant				Consti	ruction
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid			
BE	Aubrey R.	Van Fossen	V			E.			
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 1			
	Mrs. Darlene A. V					Jeffers			
	20e. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	unt from State	b. PLACE AND DAT		1	/28/92 F		,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	Kestnave	22. NAME AI	ID ADDRESS OF FA	CILITY	ICUCLI	ck, I	an y man
	* Kuhard C.C	basford	M0002	Keene 1 106 E	y & Basf	ord P.A. ch St., F	Funera rederi	l Horick, I	ne 1D 21701
	23. PART I. Enter the diseases, or c shock, or heert feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	.lst only one ceuse on	eech line.	TRAU					Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLVING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O						
MEDICAL	PART II. Other significant conditions	s contributing to death	but not resulting	in the underlyin	g cause given in	PERF	AN AUTOPSY FORMED? 2 1 NO	C	PRE AUTOPSY FINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:									_ /* \
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one)		-	
₹	1 PY YES 2 NO	1 Inpatient 2 ER/Ou				8 Other (Specify)			
BY PH	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	280. DATE OF INJURY (Month, Day, Year)		JURY WO	PRK?	DRIVER TI	RUCK-	ray i	to rear of actor traile
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp 	Y — At home, farm, ecify)  NEAR N			281. LOCATION (Street, Street,	ntin l	or Rural Rou	
COMPLETED	one)	CIAN: To the best of my kno							nd manner as stated.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	E SIGNED (A	forth, Day, Year)
TO B	ROBERT R.R.T	COBERTS	mp		1) 098	67	1	2/2	4/82
-	ROBERT R.R.T. 30. NAME AND ADDRESS OF PERSON WING	COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	15W7	The St	FREIEL	ick .	ml.	21701-459
	DEC 2 8 1992	32. REGISTRAR'S SIG	NATURE						



YEAR

sitak Strubnop.A

2. DATE OF DEATH MONTH DAY

		Robert L Williams 578-12-4931	5. SEX	3. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Pey, Year) 9-11-18		8. BIRTHPLA	12:55 P CE (State or Foreign nington DC
3 should	œ	Sa. FACILITY NAME (If not institution, gi		74 YRS.	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUN	TY OF DEATH	н
permit. Pages 1, 2,	DIRECTOR	PRESIDENTE OF OFFICE OF THE PROPERTY OF THE PR		10c. C(	Lanham Y, TOWN OR LOC Vashing t	ATION ON		Prin		I. INSIDE CITY LIMITS?  VES 2 \( \text{NO} \)
2	FUNERAL (	10e. STREET AND NUMBER 3400 Warder	Street, N	. W.	1	01. ZIP CODE 20010		10g. CITIZ	ZEN OF WHAT	COUNTRY?
5-0020 nding physician. is the burlal-transit	BY FUN	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s		NIC ORIGIN? (Specify in, Puerte Rican, etc.)			American Indian, hite, etc.
2121 al or atte for use a	PLETED	15. DECEDENT'S I (Specify only highest gr Elementary/Secondary (0-12) 1.2-th		16e, DECEDENT'S (Give kind of the. Do NOT u	USUAL OCCUPATI work done during no retired.)	TION nost of working		BUSINESS/INDI		nt
2 8 8	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Robert L.	Williams			Gaz	ME (First, Middle, Meid ella Jon	es		
IRE, MARYI may be retained by or, page 5 should be ust be notified at	10	Robert D. Will	iams				20011			
() \( \phi \) \( \phi \)	3	20e. METHOD OF DISPOSITION  1 X Burlal 2 Cremation 3 F  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		20b. PLACE AND DATE cemetery, crematory or of Ft. Linco	other piece) In Cemet	erv	12-29 B	rentwo	od. N	Md .
BALTIMOR after death. Page 6 m by the funeral director, moval.		· 7. P. 1	marsi	hall			Washin	gton,	D. C.	Home Inc
760, et within 24 hours ompletely filled in 1st, cremation, or re-event, the med		23. PAHT Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one caus	caused the death. Do e on each line.  EPIRATORY  SPINATORY  AND SPINATORY  CONTROL OF THE CONTRO	FAILURE PCIENCY	Zaile	ue,			Approximsta Interval Between Onset and Death
P.O. BOX th certificate be lending physician il Hygiene prior t or other trau	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. ASIZICO (C. DUE TO (C. DUE TO (C.	OR AS A CONSEQUENCE CONSEQUENCE OF AS A CONSEQUENCE OF RENATING	TONUPNI	EOMONIA ENCY WE		y na		
RECORDS requires that the sen signed by the of Health and M shows any Inju	AN: MEDICAL C	PART II. Other significant condi	and the same of th	eath but not resulting			PERF	AN AUTOPSY FORMED?	AMA COI OF	RE AUTOPSY FINDINGS VILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
F VITAL F SICIAN: The law certificate has be the State Dept.	PHYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	PLACE OF DEATH (Ch				
ON OF VITA DING PHYSICIAN: The It after this certificate h r death with the State I is marked, or item	BY PHY	27. MANNER OF DEATH  1 A-Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		JURY V	YURY AT YORK? YES 2 NO	28d, DESCRIBE HO	W INJURY OCC	CURED	
28 af a 82	ETED I	3 Suicide 6 Could not 4 Homicide datermine	building, et	INJURY — At home, farm, tc. (Specify)	street, factory, of	lice	261. LOCATION (Stre City or Town, Ste	et and Number ite)	or Rural Route	Number,
로 의동	COMPLI	000		ny knowledge, death occur mination end/or investigati						d manner es stated,
TO THE HOSP TO THE FUNEF De filed within	O BE C	296. SIGNATURE AND TITLE OF CERT	Such !	NDP.A		29c. LICENSE NU	251 251	29d, DATE	E SIGNED THE	1111 (Page Year)
	-	30. NAME AND ADDRESS OF PERSON	333 LAUREL	BOWIEROA	DEULTE	300 305	AUREL M	0. 139	70820	708
		DE LEXAL (MONTH) ON MANY	gara Jawasa	A supporting to	460	Yugher	DIZA			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

1 - FOR STATE REGISTRAR

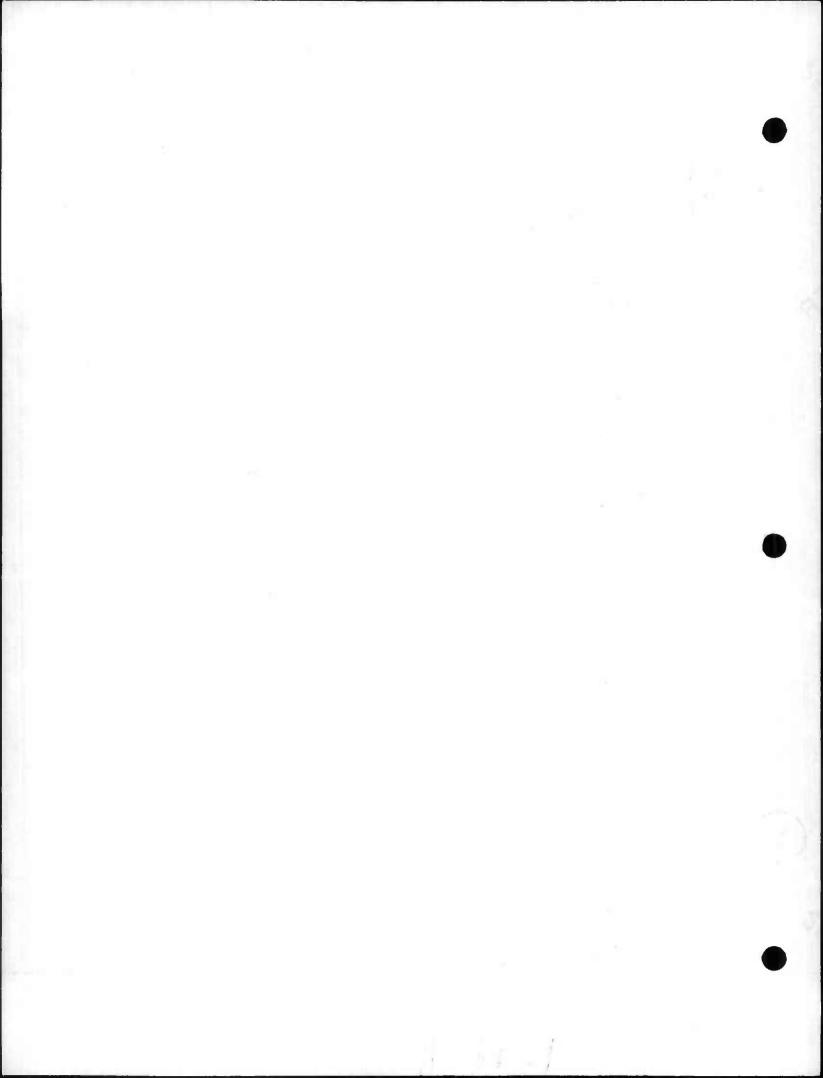
1. DECEDENT'S NAME (First, Middle, Last)

92 38265

3. TIME OF DEATH

12:55

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

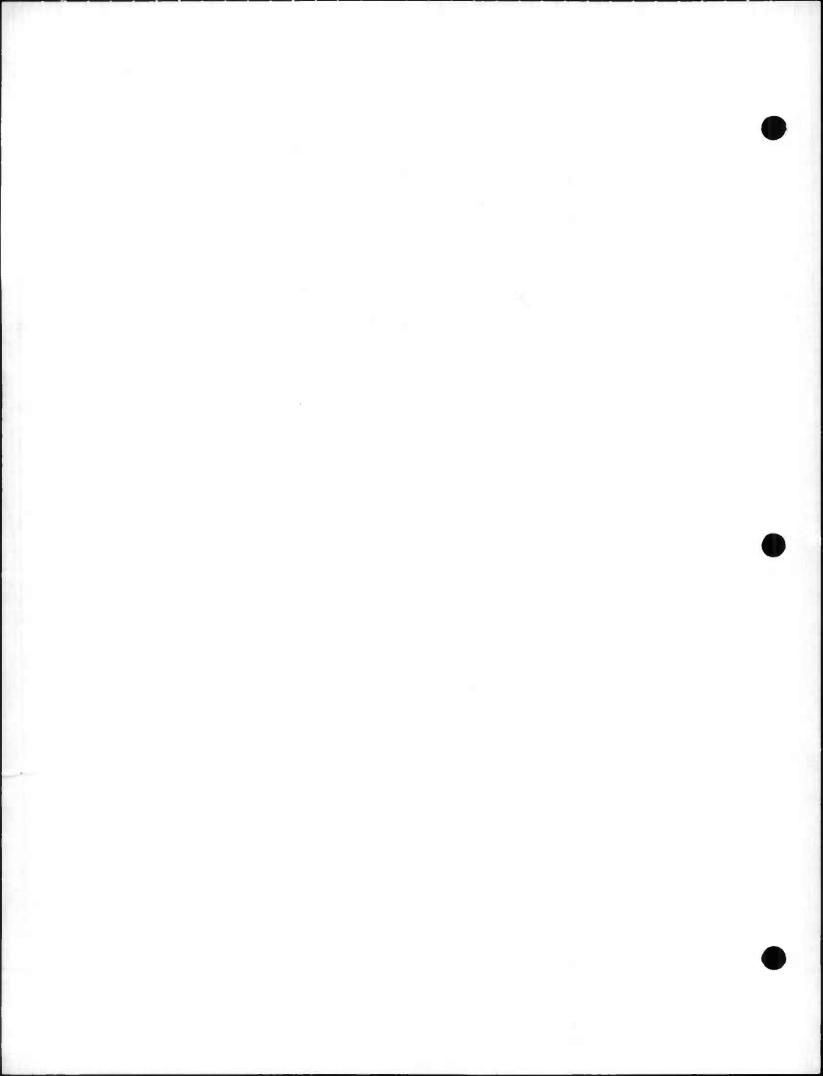
30. NAME AND ADDRESS OF PER STATE OF THE STA

1992

CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	I smartard or item 23 shows any injury or other fraumette guant the medical aversioner much he medited of secon
the death	the atten	minny or
es that t	gned by naith and	I vas a
w require	been si	- houns
The lav	te has	nm 23
CIAN:	ertifical the Sta	or its
PHYS	r this c	payar
MDING	After	A M
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							97	2 38266
	FOR 1 . STATE	STATE OF MAI	RYLAND / DEPAF	RTMENT OF	HEALTH AN	D MENTAL HYGIEN	E	
	REGISTRAR			ICATE OF		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	,	a TIVENIC			2. DATE OF DEATH		3. TIME OF DEATN
	ELSIE MAY  4. SOCIAL SECURITY NUMBER		WATKINS  AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	12 23 s. 7. DATE OF BIRTH		
			81 YRS.	MONTHS DAYS	HOURS MIN	(Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
	9s. FACILITY NAME (If not institution, give stre		31	9h. CITY, TOWN	OR LOCATION OF	July 6, 19	11 E	ngland
E	PRINCE GEO		PITAL CENT		CHEVER			E GEORGE'S
DIRECTOR	RESIDENCE OF DECEDENT	NOL O 11001				(L1	1 1/2/140	L OLONOL 5
RE	10a. STATE 10b. COUNTY		-	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Maryland Prince	George's	Mou	nt Raini				1 X YES 2 NO
BY FUNERAL	The state of the s	A A	201	10	M. ZIP CODE			OF WHAT COUNTRY?
NE	3253 Queenstown D:	12. WAS DECEDENT EV		1 10 MM 0 DF	20712		U.S	
F	1 Never Married 2 Married	FORCES? 1 1	YES 2 NO	If yes, s	pecify Cuben, Me	PANIC ORIGIN? (Specify Yes rican, Puerto Rican, etc.)	or No- 14.	. RACE — American Indian, Black, Whits, etc.
	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR	DR DATES	1   1   1   1   1   1   1   1   1   1	S 2 🔀 NO Sp	actly:		Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ATION STREET	16a. DECEDENT'S	USUAL OCCUPATI	ION	16b, KIND OF BUS	SINESS/INDUST	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	DSI OF WORKING			
MP	8th Grade -		Book Bir	nder				inting Office
	17. FATHER'S NAME (First, Middle, Last)	*				NAME (First, Middle, Meiden	Surname)	
6 111	Unavailable	Le				ilable		
TO BE	190. INFORMANT'S NAME (Type/Print)  Richard L. Watkins					rel Route Number, City or Town		
	200. METHOD OF DISPOSITION	5		N.W. 43		et, Coral S		
20 16011	1 Burial 2 Cremation 3 Remov	val from State	cometery, cremetary or o	OF DISPOSITION (Nother place)	ame of	12/24/92 Ale:	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	MEE	метторотт	22 NAME A	NO ADDRESS OF	EACH ITY		
BY SHIP STATE OF THE STATE OF T	· 7 0 1	114		Franc	is Gasc	h's Sons Fu		
5	Jack C	y tre	and	4739	Baltimo	re Ave.,Hya	ttsvil	le, MD 20781
	23. PART. Enter the diseases, or co shock, or heart failure. Li	implications that call ist only one cause i	used the death. Do i on each line.	not enter the me	ode of dying, a	uch as cardiac or respi	ratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	0.	1	MAR	At	1.		Onset and Death
	resulting in death)	940	ASEA CONSEQUENCE-O	NIVE	1			
		1/011	Ti colla	111	acle	1au		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF		MACK	1		
S S	cause. Enter UNDERLYING	NAU	real +	- Que	Kla +	_		
E	CAUSE (Disease or injury that initiated events	DUE TO JOH	A CONSEQUENCE OF	7 . ^	1			
ERTI	resulting in death) LAST	DEO		VY		·		
	PART II. Other significant coriditions	contributing to det	ath but not resulting	In the underlyin	ng cause given	In Part I. 24s. WAS AN	ALITTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Hanska	Collee	2		g court give:	PERFOR	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED	- My	111				1 YES 2	□ NO	OF DEATH?
I: ME	VVIIV	74/0	7.51					1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	ony	0101	26. P	LACE OF DEATH	(Check only one)		
SIC		HOSPITAL:	/Outpatient 3 DOA	OTHER:		ce 6 Other (Specify)		
并	27. MANNER OF DEATN	26a. DATE OF INJU	URY 28b. TIM	E OF 28c. IN.	JURY AT	28d. DESCRIBE NOW II	NJURY OCCUR	ED
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Meering serry,	yalry	44	YES 2 NO			
	3 Suicide 8 Could not be	26s. PLACE OF IN- building, etc.	JURY — At home, farm, (Specify)	street, factory, offic	20	261, LOCATION (Street a City or Town, State)		Rural Route Number,
E	4 Nomicide determined		AND THE STATE OF T	505	1=31	4-2 1-2		TO SEVERAL TO SERVICE
1						due to the cause(s) and men		
COMPLETED	one) 2 MEDICAL EXAMINER:	on the basis of exemi-	nation and/or investigation	on, in my opinion,	death occured at	the time, data and place, an	d due to the cr	ause(s) and manner as stated.
E w	286. SIGNATURE AND TITLE OF CERTIFIER	1000	)		29c. LICENSE I	KAMBER	29d. DATE SI	IGNED (Month, Day, Year)
0 8	$-\infty/L$	le			1010	246	19	03.99
A E	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CHIME O	E PERSON OFFICE OF CE	and T	Com Co	Al A	100	

A HAKANAN 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall



92 38267

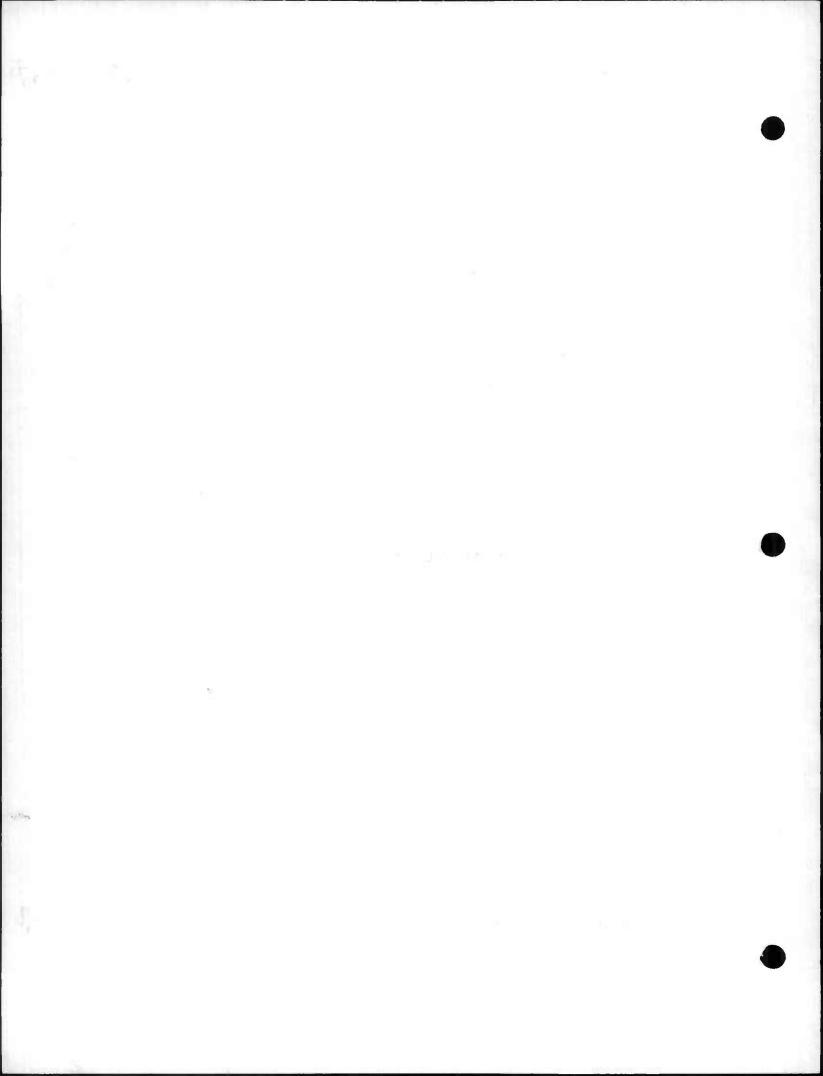
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Lonelle Wilkins VEAR Damez 12 3:25 92 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. a. BIRTHPLACE (State or Foreign (Month, Day, Yes 9\_23\_92 215-37-4728 1X M 2 - F Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CHEVERLY PRINCE GEORGES 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Landover 1 X YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 101, ZIP CODE 20785 3405 Dodge Park Rd. Apt. #102 24 hours after death. Page 6 may be retained by the hospital or attending physician, filled in by the funeral director, page 5 should be detached for use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/2NO 11. MARITAL STATUS
1 Wever Married 2 Married 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 If yes, specify Cuba Specify: **Black** BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) · N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
April Wilkins Carlos Adams 7 BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Acute Number, City or Town. State, Zip Code)
3405 Dodge Park Rd. Apt. #102 Landover, Md. 2 20785 Miss April Wilkins (Mother) 9 20a. METHOD OF DISPOSITION
1 De Burnel 2 Cremetton 3 Removal from State
4 Donathon 5 Other (Specify) LOCATION — City or Town, State 2 Landover, Md. 20b. PLACE AND DATE OF DISPOSITION (Name of 12/26 must /92 "Harmony Memorial Park 22. NRO IN Iddess Francial Home, Inc. examiner WIGHATURE OF FUNERAL MERVICE LICENSEE filled in by the funeral on, or removal, 4339 Hunt Place, N.E. Wash. D.C. 20019 medical 23 FANT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, o traumatic event, the disease or condition INTERSTITIAL PNEUMONIA resulting in death) executed within **WISION OF VITAL RECORDS, P.O. BOX 68760,** DUE TO (OR AS A CONSEDUENCE OF): burial, and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ntal Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST 6 signed by the atter Health and Mental Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY has been signed by a Dept. of Health and T 23 shows any Ir 1 X YES 2 NO 1 1 YES 2 | NO PHYSICIAN: ATTENDING PHYSICIAN; The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) Hem r this certificate h HOSPITAL:
1 | Inpatient | | Inpatient | 3 | DOA OTHER: 1 X YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 the 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? marked, 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1) Natural 1 YES 2 NO ofoR; After to BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ... 6 Could not be determined TO'BE COMPLETED 4 Homicide PORTANT. IT ISM 28 29s. CERTIFIER

(Chark only )

1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Nonald & Wright MO 불물을 O.C.M.E. 12-20-1992 2224 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD 111 PENN STREET BALTIMORE MARYLAND 21201 G. WRIGHT 31. DATE FILED (Month, Day, Year)
DEC 2 9 32. REGISTRAR'S SIGNATURE HAR'S SIGNATURE Pandall

23 PART I,27 PER MEO G-696 2/1/93 reb

DHMH-16 Rev 1/89



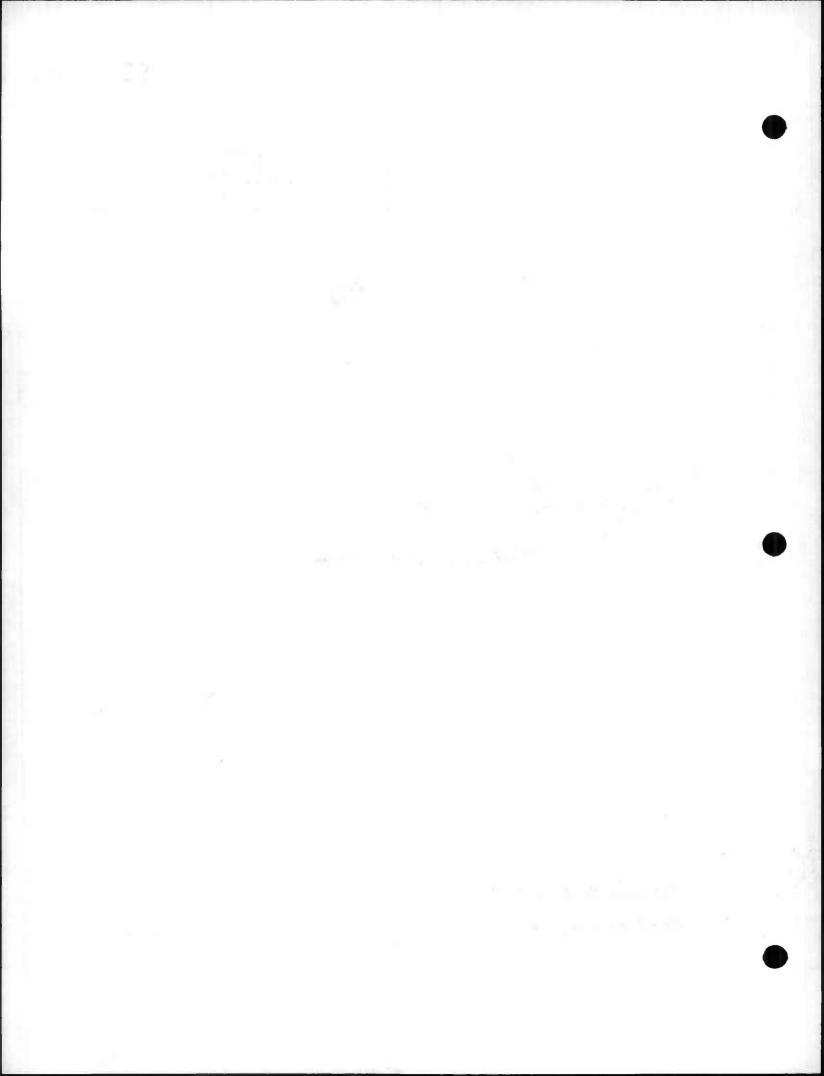
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Sectional September

THE FINE HALL WRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

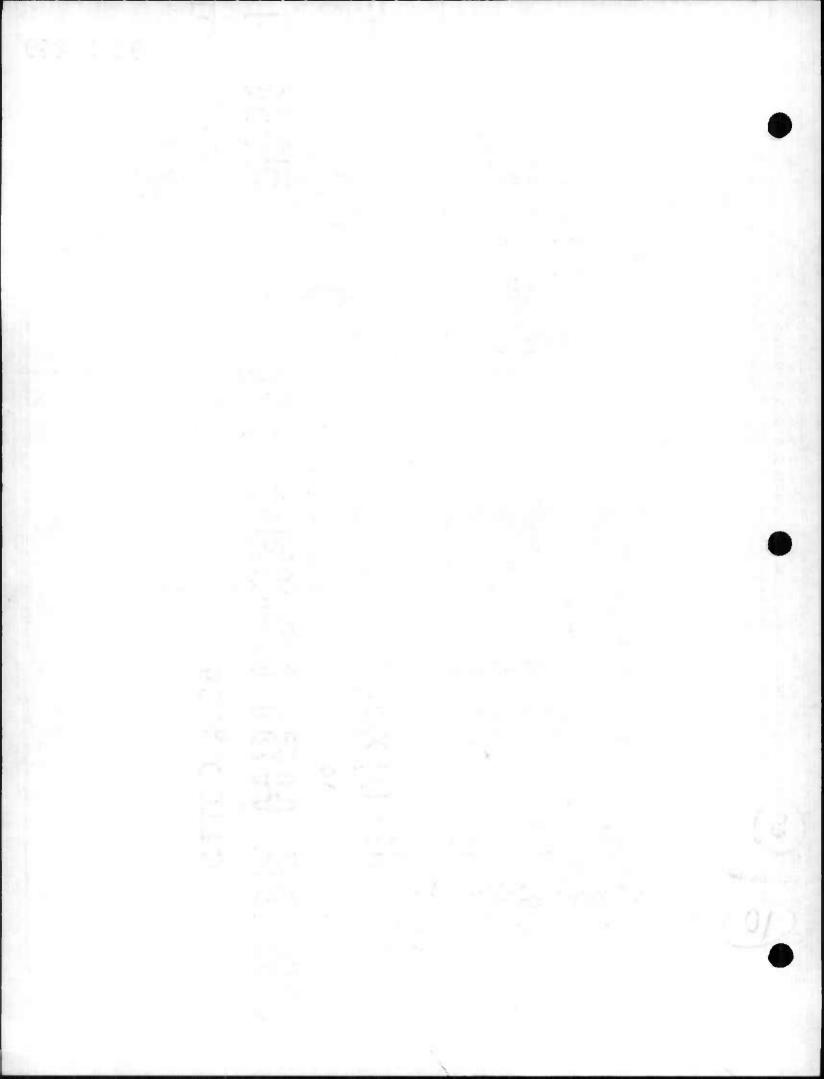
IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	OF MARYLAN	D / DEPARTI			MENTAL HYGIEN	E	0020
	1. DECEDENT'S NAME (First, Middle, Lest)				DE. COLO	2. DATE OF DEATH		3. TIME OF DEATH
	Robert	N.		White		12 26		10:06P.M
	4. SOCIAL SECURITY NUMBER 5. SEX			F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	a. BIRT	HPLACE (State or Foreign
	415-72-4044 1 × M 2		5 YRS.	DATE DATE	HOURS MIN.	April 25,	1947 Ten	nessee
œ	9a. FACILITY NAME (If not institution, give street and numi	per)	9	b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY OF	DEATH
5	Doctors Hospital			Lanha	ım		Prin	ce Georges
DIRECTOR	16a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
0	Maryland Prince Geor	ges	Lanha	am				LIMITS?
MAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	8703 Nightingale Dr.				20706		U.S.A	
BY FU	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S 7 1 Y YES 2 GIVE WAR OR DATES - 1968	□ NO	If yes, spe		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) /y:	or No 14. RAC Blac Spe	E - American Indian, ck, White, etc.
8	15. DECEDENT'S EDUCATION		. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUSTRY	
E	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-	6 or 5+)	me. Do NOT use i			Ness		1
COMPLETED			isabled	vetera	1	None		
	17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Meiden	Surname)	
BE	Sam William White					e Gilliam		
2	Gladys Hooper					Houte Number, City or Town Lanham, MD	20706	
	20a. METHOD OF DISPOSITION	20h PI	ACE AND DATE OF				CATION — City or 1	Court State
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from St 4 ☐ Donation 5 ☐ Other (Specify)	V 14.52 (12.0)				y12/30/92		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		69.1	22. NAME AN	D ADDRESS OF FA	NCILITY	4308	Suitland Rd
	1 / ma	ulha.	/-	Marsha!	ll's Fun	eral Home,		tland,MD20745
ATION	Sequentially list conditions b.	UE TO (OR AS A CO	nshot L NSEQUENCE OF):	vound	ls			Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or injury C.	UE TO (OR AS A CO	NSEQUENCE OF):					
	DART II Other elemitions and disease and their							
PHYSICIAN: MEDICAL	PART II. Other significant conditions contribute	ng to death but r	not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN. PERFOR 1 YES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 15 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA				ACE OF DEATH (C)	neck only one)		
XSI	VS YES 2 NO 1 Inpetter	of 2 X ER/Outpaties		THER:  Nursing Home	5 🗆 Residence	6 C Other (Specify)		
H	(M	ATE OF INJURY onth, Day, Year)	28b. TIME (	Y WO	RK?	28d, DESCRIBE HOW IN		
B	2 Accident Investigation	/26/199			34	Subject		
	3 Suicide 6 Could not be bu	ACE OF INJURY — I Ilding, etc. (Specify)		et, factory, office		281. LOCATION (Street a City or Town, State)		
9	290. CERTIFIER		Home			8703 Nig		Le Drive
COMPLETED	(Check only one)  29. CERTIFIER  1 CERTIFYING PHYSICIAN: To the lone)  2 MEDICAL EXAMINER: On the base							(e) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SIGNE	O (Month, Day, Year)
TO B	Wonald & Wright				O.C.1	M.E.	12/	27/1992
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	O CAUSE OF DEATH						
	31. DAT DEC 3 0 1992 32/h	11 DESTRUCTOR SIGNATURA DEVISION	1 Penn Mandall	Stree	t. Bal	timore. M	aryland	21201

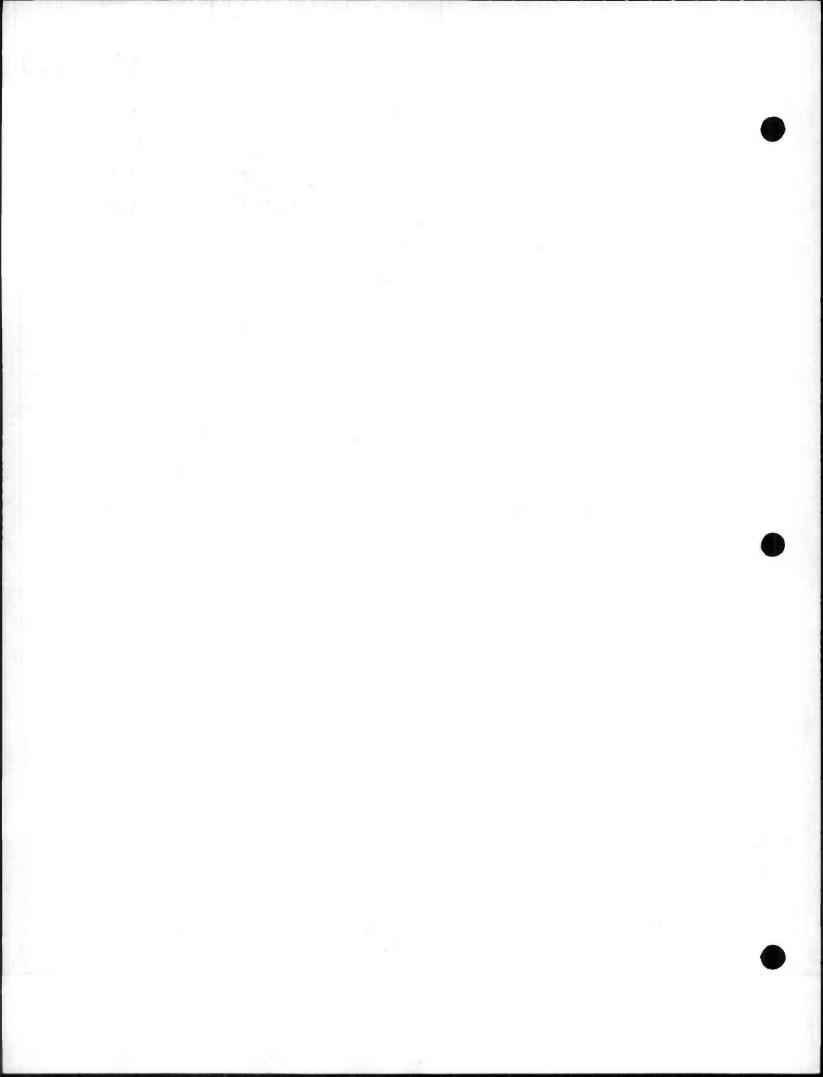


2		
-	DINSION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND
TO THE	HIGSPIN OR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 2% hours after death. Page 6 may be retained by the hospi	death. Page 6 may be retained by the hospi
A JOH	The THERRY UNCORD A THE CONTROL AND THE STATE DESCRIPTION THE MENT AND AND AND AND AND AND AND AND AND AND	e funeral director, page 5 should be detached
/ HADO	and the market have 20 to market or than 20 shows any letters as other traumatic event the market must be notified at once	examiner must be notified at once

4. SOCIAL SECURITY NUMBER  195-12-6447  1	1. DECEDENT'S NAME (First, Middle, Last	Helyn H	P. Weel	ks				7-1	2. DATE MONTH	0F 0EATH 0A 29/92	NY.	YEAR	3. TIME OF OEATH 7:23 P
SEARCH MARK (FIVE MODE), par served and numbers) F.F. Washington Prince George's RESIDENCE OF DECEDERY  18. COLINT OF GEATH Prince George's RESIDENCE OF DECEDERY  18. COLINT OF GEATH Prince George's RESIDENCE OF DECEDERY  18. COLINT OF GEATH Prince George's RESIDENCE OF DECEDERY  18. COLINT OF GEATH Prince George's RESIDENCE AND PRINCE GEORGE'S RESIDENCE GEORGE'S RESI								24 HRS. MIN.	7 DATE	E BIRTH		Cour	THPLACE (State or Foreigntry)
No. COUNTY   Sec. CITY, TOWN OR LOCATION   Sec. CITY, TOWN OR LOCATION   THE STREET AND NUMBER   SEC. STREET AND NUMBER	9a. FACILITY NAME (If not institution, give Ft. Washington Ar	street and number)	0.					ON OF DEA		125		NTY OF	OEATH
18. STREET AND NUMBER  8110 Carey Branch Dr.  19. Med Decoroomy (19.00 by Meride 2   Meride 3   Meride 2   Meride 3   Mer	10a. STATE 10b. COUN		,	200									LIMITS?
11. MARTIL STATUS   The New Married 2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   Married   1   YES 2   2   Married   1   YES 2   2   Married   1   YES 2   Married   1   YES 2   Married   1   YES 2   Married   1   YES 2   YES 2   YES 2   YES 2   YES 3	10e. STREET AND NUMBER		S	Ft.	wash	_		E			10g. CIT.	IZEN OF	1
Security   Security	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOEN FORCES? 1	YES 2	≥ [X] NO		WAS OED	ENDENT (	F HISPANI n, Maxican	, Puerto f		-	14. RA Bla	ick, White, etc.
Joseph Godovin   Sea Mark (propriety   196	(Specify only highest green	de completed)	4)	(Give kind of life. Do NOT u	work done use retired.)	durina mo	ON ost of world	ng	7,55			DUSTRY	
198. MALING ADDRESS (Street and Number or Rural Roun Number. City or Town. State. 2p Code)   Dale Ann 0 'Brien   280 Murray Hill Dr. Ft. Washington, Md. 20744				197									
200. PLACE AND DATE OF DISPOSITION (Name)  Compation 3   Removal from State   Control of the State   Control of th				19b. MAILING	G ADDRES	S (Street a						p Code)	
Compation   3   Removal trom State   According to commission or other place)   Resurrection Cemetery 1/2/93   Clinton, Md.			7.71					Dr.					
22. NAME AND ADDRESS OF PACLITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745  23. PART I/Enter the diseases, or compliferations that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Beth Oxon Hill Rd. Oxon Hill, Md. 20745  23. PART I/Enter the diseases, or compliferations that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Beth Oxon Hill Rd. Oxon Hill, Md. 20745  24. PART II. Oxon as a donescuence on:  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A. DU		moval from State	of cemi	etary cremator	v or other i	niace)		1/2/	1				
### And CASE REFERENCE TO MEDICAL EXAMINER: On the basis of aximination and/or investigation, in my opinion, dests and place, and dus to the cause(s) and manner as stated.  **Conduction**  *			INCSU	II I CC L.						011	LIILOI	1 9 11	
DUE TO (OR AS A CONSEQUENCE OF):    Authority   Control	23. PART I Enter the diseases, o	r complications the	It caused the	ne death. Do	Ge 61	eorge 60 (	e P. Oxon	Kala Hill	s Fu Rd.	Oxon	Hill	L, M	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inputient 2 Refloutpatient 3 DOA  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Inputient 2 Refloutpatient 3 DOA  28. DATE OF INJURY  28. INJURY AT  28. INJURY AT  28. INJURY AT  28. INJURY AT  28. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY OF DEATH  28. DATE OF INJURY  28. INJURY AT  28. INJURY AT  28. PLACE OF INJURY OF DEATH  28. DATE OF INJURY  28. INJURY AT  28. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY — All home, farm, street, factory, office  29. CERTIFIER  (Check only one)  29. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  29. SIGNATURE AND TITLE OF CERTIFIER  29. SIGNATURE AND TITLE OF CERTIFIER  29. DATE SIGNEO (Month, Day, Year)  1 2/30/92	23. PART I Enter the diseases, or ahock, or heart fellure immediate CAUSE (Final disease or condition	s	rdus po (or as a do	NSEQUENCE	not enter	eorge 60 (	e P. Oxon ode of dy	Kala Hill Ing, such	Rd.	Oxon	Hill iratory er	rest,	Approximate interval Betv
EXAMINER?  1 YES 2 NO  1 Inpution 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suickide 4 Homicide  2 Accident 3 Suickide 6 Could not be detarmined  28e. PLACE OF INJURY — Al home, farm, street, factory, office  28e. PLACE OF INJURY — Al home, farm, street, factor	23. PART I Enter the diseases, or anock, or heart fellure immediate cause or condition resulting in desth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events	s	O (OR AS A CO	DUL ME DISEQUENCE O DISEQUENCE O	Ge 61 not enter	eorge 60 (	e P. Oxon ode of dy	Kala Hill Ing, such	Rd.	Oxon	Hill iratory er	rest,	Approximate interval Betv
1   YES 2   NO   1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Rasidence 8   Other (Specify)    27. MANNER OF DEATH    Y   Netural 2   Accident 3   Suicide 4   Homicide   Sec.   Sec	23. PART I Enter the diseases, or ahock, or heart fellure immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. Due to	O (OR AS A CO	ONSEQUENCE C	Ge 61 not enter	eorge 60 ( r the mo	e P. Oxon Oxon Ode of dy	Kala Hill Ing, such	s Fu Rd.	Oxon Hec or respi	Hill iratory sr	rost,	Approximate interval Betwoen and Donast and
Value   Valu	23. PART I Enter the diseases, o ahock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other aignificant conditions.	s	O (OR AS A CO	ONSEQUENCE C	Ge 61 not enter	orge 60 ( r the mo	e P. Oxon Oxon Oxon Oxon Oxon Oxon Oxon Oxon	Ka1a Hi11 ing, such	S Fu Rd.	Oxon Nec or respi	Hill iratory sr	rost,	Approximate interval Betwoen and Donast and
3   Suicide 4   Homicide  28e. PLACE OF INJURY — Al home, farm, street, factory, office 4   Homicide  28e. PLACE OF INJURY — Al home, farm, street, factory, office 4   Homicide  28e. PLACE OF INJURY — Al home, farm, street, factory, office 6   City or Rown, State)  28e. CERTIFIER (Check only) 29e. CERTIFIER (Check only) 2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated.  29e. SIGNATURE AND TITLE OF CERTIFIER  29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. DATE SIGNEO (Month, Dey, Year)	23. PART I Enter the diseases, o ahock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	s. DUE TO  c. DUE TO  d	O (OR AS A CO	ONSEQUENCE OF THE PROPERTY OF	Ge 61 not enter	nderlyin	e P. Oxon Oxon CTES Om	Kala Hill Ing, such	S Fu Rd.	Oxon Hec or respi	Hill iratory sr	rost,	Approximate interval Bets Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset and C Onset on C Onset on C Onset on C Onset on C Onset on C Onset on C Onset on C Onset on C Onset on C Onset on C O
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Onthony & Felice MD 19605 12/30/92	23. PART I Finter the diseases, on ahock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other aignificant conditions in years and the cause in the condition of the cause in the caus	B. DUE TO  C. DUE TO	O (OR AS A CO O	DISEQUENCE CONSEQUENCE CONSEQU	OFFI:  OTHE 4 Number of MUNICIPAL ME OF MUNICI	nderlyin  26. P  PR: maing Hor	P. Oxon Oxon Ode of dy  Tres  Gause  LACE OF I  DURY AT ONK? YES 2	Kala Hill Ing, such	Part I.	Oxon Hec or respi	AUTOPSY MED?	2 2 2 COURED	Approximate interval Betwoen and Donest and
	23. PART I Finter the diseases, on ahock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST  PART II. Other aignificant conditions in the condition of the cond	B. DUE TO  B. DUE TO  C. DUE TO	OF INJURY —, , etc. (Specify)	DISEQUENCE CONSEQUENCE CONSEQU	Ge 61 not enter  OF):  OF):  OTHE 4   Nu ME OF  UJURY M, street, fac	nderlyin  26. P  FE: raing Hor  28c. IN. 1 □  ctory, office	P. Oxon Oxon Oxon Oxon Oxon Oxon Oxon Oxon	Kala Hill ing, such  R  Given in I	Part I.	OXON  Nec or respi	AUTOPSY MED?  AUTOPSY MED?  X No	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Approximate interval Betw Onset and D Onse
	23. PART I Enter the diseases, o ahock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the initieted events resulting in death) LAST  PART II. Other aignificant conditions in the condition of the conditi	B. List only one cast  S. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  d. DUE TO  d. LIST Only one cast  BUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  Only Contributing to  NER: On the basta of a	OF INJURY —, , etc. (Specify)	DISEQUENCE CONSEQUENCE CONSEQU	Ge 61 not enter  OF):  OF):  OTHE 4   Nu ME OF  UJURY M, street, fac	nderlyin  26. P  FE: raing Hor  28c. IN. 1 □  ctory, office	P. DXON DXON DXON DXON DXON DXON DXON DXON	Kala Hill Ing, such  given in I  BEATH (Che asidence No n, and dua red at the	Part I.	OXON  Nec or respi	AUTOPSY MED?  X No  NJURY OC  and Number  and due to to  29d. DA'	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Approximate interval Betw Onset and D  4b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO



		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
		1. DECEDENT'S NAME (First, Middle, Last)  DOROTHY	V. WOLFE.			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH A 7:30 N			0 1	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should notified at once.	DIRECTOR	4. SOCIAL SECURITY NUMBER / 411-44-3425  9a. FACILITY NAME (If not institution, give in SOUTHERN MA	1□ M 2 🛣 F 63	In yrs. last birthday) YRS.	MONTHS DAYS  9b. CITY, TOWN	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea Oct 17	, 1929 9c COUNT	BIRTHPLACE (State of Ficunity) Virginia Y OF DEATH  NCE EOK	oreign  O QS
		nesidence of becedent 10a. STATE 10b. COUNT Maryland Prin		1	TY, TOWN OR LOCA			10.101	10d. INSIDE CITY LIMITS? 1 YES 2	
	AL	10a STREET AND NUMBER  12601 Darlenen St	ce Georges	<u></u>	per Marl	OI. ZIP CODE			N OF WHAT COUNTRY?	
	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	ZXXNO	If yes, s	CENDENT OF HISPANI pecify Cuben, Mexican S 2 NO Specify:	C ORIGIN? (Specify, Puerto Rican, etc.	Yes or No- 1	ted States I. RACE — American Indi Black, White, atc. Specify: Black	lan,
	COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	B USUAL OCCUPATION work done during more retired.)	ION ost of working		BUSINESS/INDUS		
	BE CON	17. FATHER'S NAME (First, Middle, Last)  Mack Turner					E (First, Middle, Me	iden Sumeme)		
	10	19a. INFORMANT'S NAME (Type/Print)  Steven A. Bel 20a. METHOD OF DISPOSITION		335 1	W St. N	E Was	hington	D. C.	20002	
BALTIMORE, I ter death. Page 6 may be the funeral director, page wal.		20b. PLACE AND DATE OF DISPOSITION   DATE   Comment   DATE   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   Comment   DATE   DA								
(68760, mercuted within 24 hours aft and completely filled in by o burial, cremation, or remonstic event, the medice	CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A	d the death. Do ech line.	not enter the mo	Benning ode of dylng, such	Road, N as cardiac or re	F. Wash	nington D it, Approxim Interval B Onset and	nate Setween
P.O. ath certification of the Hygien of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of transf	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  OUE TO (OR AS CONSEQUENCE OF):								
SION OF VITAL RECORDS, IENDING PHYSICIAN: The law requires that the deal UR: After this certificate has been signed by the aft frer death with the State Dept. of Health and Menta Is marked, or Item 23 shows any Injury.	N: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in					PER	AN AUTOPSY FORMED?  3 2 NO  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO		CAUSE
OF VITAL PHYSICIAN: The law this certificate has I with the State Dept rked, or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1								
SION OF TENDING PHYSIC UR: After this ce ther death with the	BY	1 X Natural 5 Pending M 1 YES 2 NO 2 Accident Investigation 2 Accident Investigation 28 PLACE DE IN INDIX. At home for other learners of the control of the								
DINSIC MENDINERA MEDITERA MENDINERA	LETED	4 Homicide determined building, etc. (Specify)			e, farm, street, factory, office  28f. LOCATION (Street end Number or Rura City or Town, State)  h occurred at the time, date end place, and due to the cause(e) and manner as stated.					
TO THE COSTON TO THE PROPERTY. If	BE COMPL		ER: On the basic of examination				ime, date and place	, and due to the		
PRE	TO	Ja. Name and address of person who completed cause of death attem 27, (hock print) 0-24535 12.30.92  LAXM! NIBERWA 7100 OLD BRANCH AVE 5.101 CLINTON Md. 20735								
		31. DATE FILED (Month, Dey, Year) DEC 3 1 1992	4	ATURE Panda		1106 - 1	U, CEII	010011	7. 60/00	2
-		1							DHMH-1	18 Rev 1/6



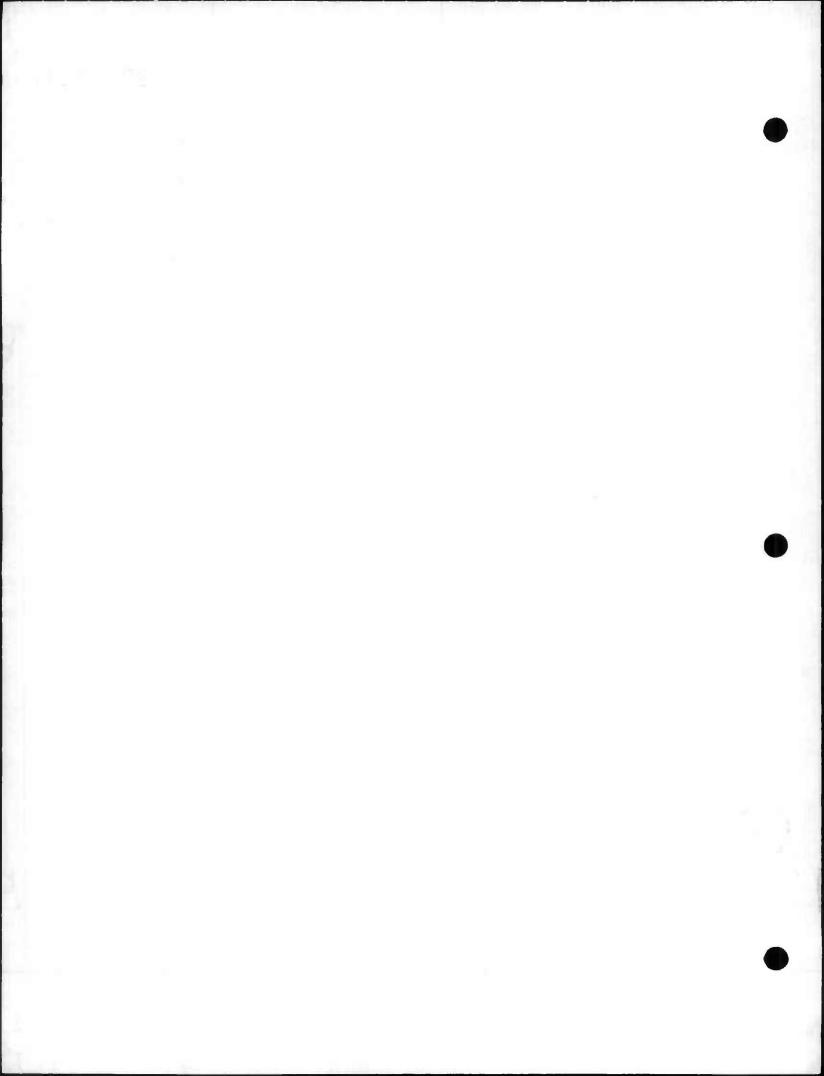
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ON OF VITAL RECORDS, P.O. BOX 68760,

MG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOLFIGAL (N. TOTAIN ING PHYSICIAN: The law requires that the death certificate be esecuted within 10 THE FUNEY, DIRECTION Mar this certificate has been signed by the attending physician and complete be filed within a certificate has been signed by the attending physician and complete be filed within a certificate with the State Dept. of Health and Mental Hygiene prior to burial, cremit IMPORTIANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event,

ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lith and Mental Mygine prior to burial, cereation, or fenomeral, now and mental physician and the major transmitteness that the major is a should be a notified or notified or notified or not after trainmails event the major is a not fair.	TO BE COMPLETED BY FUNERAL DIRECTOR	4.6 20 9a. GCO 10a. Maa 10a. 96 11. (1 17. I 1 19b. R 20a. 1 M. 1 M. 1 M. 1 M. 1 M. 1 M. 1 M. 1 M
cremation, or re		23. IMI dis
ned by the attending physician and completely filled in by the i lith and Mental Hygiene prior to burlal, cremation, or removal.	DICAL CERTIFICATION	Sec if s cat CA that res
ned by the	DICAL	PAI

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND ME	ENTAL HYGIEN	IE .	2 30211	
	1. DECEDENT'S HAME (First, Middle, Last)					. DATE OF DEATH	_	3. TIME OF DEATH	
	Seth Robert	Wil:	liams			Dec. 23	, 1992		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7	Month, Day, Year)	8. B	HRTHPLACE (State or Foreign ountry)		
	209-22-1124  9e. FACILITY NAME (If not institution, give st	1 💢 M 2 🗆 F	63 YRS.		D. D.	ct.4, 192	29 Per	nnsylvania	
Œ				CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
6	Golden Oaks Nursing			Laurel	Prince George			George's	
DIRECTOR	Maryland Prince	e George's		Y, TOWN OR LOCAT	LIMITS?				
	10e. STREET AND NUMBER	s George S	Seal	orook	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY!				
FUNERAL	9607 Woodland Aver		20706		U.S.				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS				ENDENT OF HISPAHIC		or No- 14.1	RACE — American Indian, Black, White, etc.	
BY	1 Never Married 2 XXMarried 3 Widowed 4 Divorced	FORCES? MX YES IF YES, GIVE WAR OR D 1947-1950	ATES		ecify Cuban, Mexican, I 2X NO Specify:	ruento Hican, etc.)		Specify: White	
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATION	DN	16b. KIND OF BU	SINESS/INDUSTI		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	iile. Do NOT us	,		NASA- G			
MP	17. FATHER'S NAME (First, Middle, Last)	2	Electron	nic Tech			light (	Center	
8	Elsworth	Williams			18. MOTHER'S NAME Elva Cha		Sumame)		
BE (	19s. INFORMANT'S NAME (Type/Print)	WIIIIans	19b. MAILING	ADDRESS (Street a	nd Number or Rural Rou		m. State. Zip Code	e)	
5	Ruth F. Williams				Ave, Seab			20706	
	20a, METHOD OF DISPOSITION 1 M Burial 2 Commetton 3 Remo	oval from State cen	. PLACE AND DATE	OF DISPOSITION (No	me of	DATE 20c. LO	CATION City	or Town, State	
	4 Donation 6 Other (Specify)	I G	eo Wash (		12-28-9		tland,	Maryland	
	6 1601	1//	~	Rendo	n/Hale Lar	nham Fune	ral Hon	ne	
$\dashv$	23. PART I Enter the discusses, pr c	Macre comment	d the death Do s	9013	Annapolis	Rd.,Lanh	am, Mary		
1	Mock, or heart failure. I	.ist only one cause on a	sch fine.	or enter tha mo	de of dying, such a	is cardiac or respi	iratory arrest,	Approximats interval Between Onset and Death	
	disesse or condition resulting in death)	126	Dens					Ciriset sind Death	
		DUE TO (OR AS A	CONSCOUENCE OF	7:					
ON	Sequentially list conditions,	DUE TO (OR AS /	A CONSEQUENCE OF	):					
CAT	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	÷							
E	that initiated events resulting in desth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7:					
CERTIFICATION		l							
A	PART II. Other significant conditions	contributing to death b	out not resulting i	n the underlying	csuse given in Pa	rt I. 24a, WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
PHYSICIAN: MEDIC						_ 1 _ YES 2	X NO	COMPLETION OF CAUSE OF DEATH?	
Σ						-		1 TES 2 HO	
AN	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Check	only one)			
Sic	EXAMINER?  1 YES TYPHO	HOSPITAL: 1   Inpetient 2   ER/Outs	patient 3 DOA	OTHER:	e 5 🗆 Residence S 🗎				
PH	27. MAHHER OF DEATH  15_Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	RK?	Id. DESCRIBE HOW I	NJURY OCCURE	D	
B⊀	2 Accident Investigation	28e. PLACE OF IHJURY	/ At home form a		rES 2 NO	I LOGATION CO.			
9	3 Suicide 6 Could not be determined	building, etc. (Spec	cify)	areet, rectory, office		BI. LOCATION (Street in City or Town, State)	and Number of Fil	ral Houte Number,	
7	29a. CERTIFIER (Check only	CIAN: To the best of my know	riedge, death occurre	d at the time, date	and place, and due to	the cause(s) and mar	nner se stated		
COMPLET		R: On the besis of examination						se(s) and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	R)			29c. LICEHSE NUMBE	iR.		HED (Month, Day, Year)	
10 8	MIGKU	Cempler			D2494	12	▶Dec.	23,1992	
	Gregory Compton				e, Laure	l, Marv	land		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		1		, ,			
	DEC 2 8 1992	Ja Nacidana Ba	anda 00						
	//								



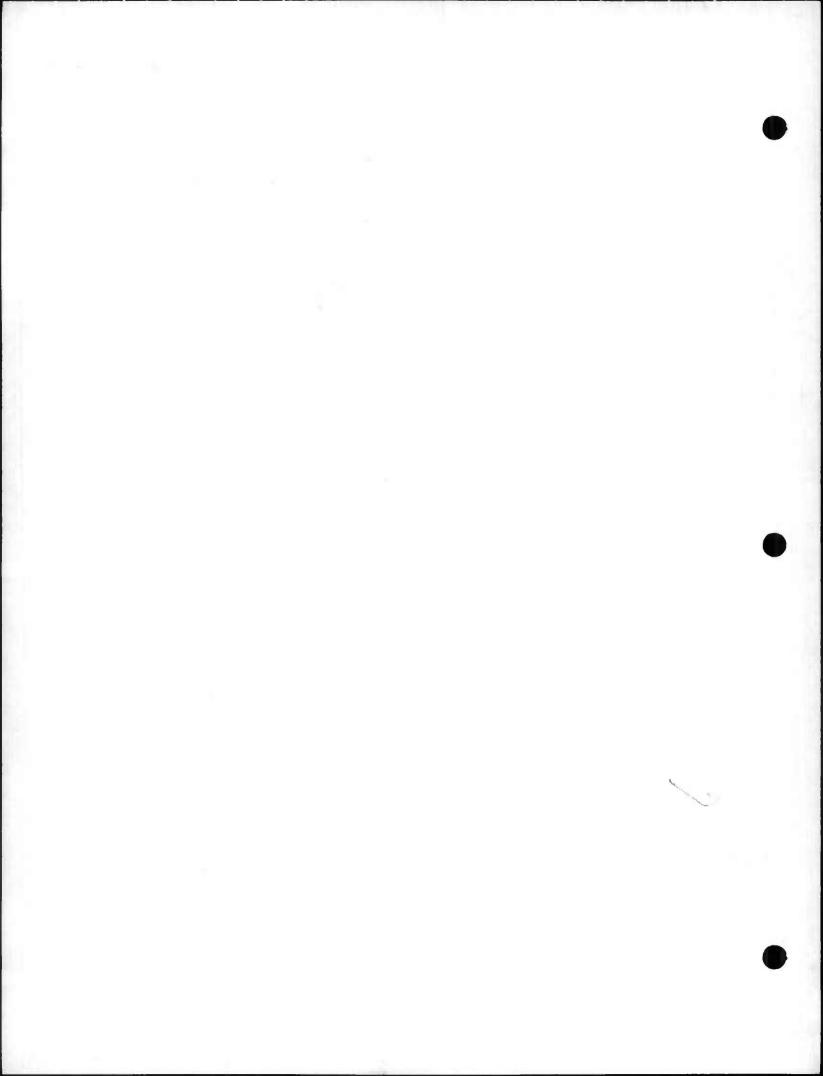
31. DATE FILED (Month, Day, DEC 3 1

1992

	FOR STATE REGISTRAR		STATE OF I		D / DEPA CERTIF					MENTA	L HYGIEN				
0.	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIME OF DEA	TH
1	Walter			Wilso:	n					1 2		2 1	992	8:45	рм
1 3	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs	. last birthday;		R 1 YEAR	IF UNDER	1		OF BIRTH		S. BIRTI	IPLACE (State or Fi	oreign
	229-50-1719		1 🔣 M 2 🗌 F	52	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year) 7 31, 19	940	Dany	ille, Va	
	9a. FACILITY NAME (If not in	eet and number)	et and number)			Y, TOWN	OR LOCAT	ON OF D				NTY OF D			
DIRECTOR	6830 Smithfield Road					Ft	· Wa	ashin	gton	m		Pr	Prince Georges		nes
[ [	RESIDENCE OF DEC	10b. COUNTY													
III	Maryland	George				ry, town or location t Washington							10d. INSIDE CITY LIMITS?		
	Maryland Prince Georges  100. STREET AND NUMBER				1101	L Wa		M. ZIP COD				T		1 X YES 2	NO
RA	6830 South		oad						744					States	
FUNERAL	11. MARITAL STATUS	I	12. WAS DECEDEN	AT EVED IN II S	ADMED	T 42	WE DE			HO OPION	V? (Specify Ye				
	1 Never Married 2	Married	FORCES?	YES 2	□ NO	13	If yes, s	pecity Cubi	ın, Mexica	in, Puerto	Rican, etc.)	s or No-	Blac	E — American Indi k, Whits, etc.	lan,
B	3 Widowed 4 Dive	orced	IF YES, GIVE Y	MAR OR DATES			1   YE	S Z NO	Specify	у:		- 3	Nes	#y: gro	
G	15. DEC	EDENT'S EDUC y highest grade of	ATION	16a	DECEDENT	S USUAL (	CCUPATI	ION		166	. KIND OF BU	SINESS/INC		50	
ш	Elementary/Secondary (I		College (1-4 or 5	+)	(Give kind of life. Do NOT	work done use retired.,	during m	ost of world	ng						
APL			2	Ge	neral (	ffice	Supr	olv Su	pervi	SOT	Gove	rnment			
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)									Middle, Maiden				
BE (	Walter Wils	son						Bea	atri	ce W	illiam	IS			
0	19a, INFORMANT'S NAME (				19b. MAJLIN	G ADDRES	S (Street	and Numbe	r or Rurel i	Route Num	ber, City or Tow	vn, State, Zip	Code)		
F	Mrs. Grace	Ridgle	У		2529	11t	h St	reet	, N.	W.,	Washir	gton,	, D.	C.	
	20a. METHOD OF DISPOSIT		uml from State	20b. PLA	CE AND DATE	OF DISPO	SITION (N	ame of		DAT	E 20c. LC	CATION —	City or To	own, State	
	4 Donation 6 Other		vai iroin State	Har	mony	Memo	rial	Parl	k J	an. 2	2, 199	3 Lar	ndove	ver, Md.	
- 9	21. SIGNATURE OF FUNERA	L SERVICE LICE	ENDEE	,		- 22		ND ADDRE			Home				
	Alpha	1. 4	teway.	t	11							D 1.	1 - a b	D.C. 2	0010
	23. PART I. Enter the d	Iseases, or co	omplications the	it caused the	death. Do	not ente	r the m	ode of dy	ing, suc	h aa can	diac or resp	iratory arr	reat,	Approxim	nata
	IMMEDIATE CAUSE (FI		ΛΛ	A	mie.	/		1	1					Onset and	
	disease or condition resulting in death)	<b>→</b> .	. //	wit	18/12	_ (	Corstat wounds								
	(Variable) Sell in Selling		DUE TO	(OR AS A CO	SEQUENCE (	OF):					-, -,				
Z	Sequentially list condit	ione b													
CERTIFICATION	If any, leading to imme	diate	DUE TO	(OR AS A CO	SEQUENCE (	OF):									
2	cause. Enter UNDERLY CAUSE (Disease or inju														
	that initiated events resulting in death) LAS	т	DUE TO	(OR AS A COR	SEOUENCE (	OF):									
55		d	•												
	PART II. Other significa	nt conditions	contributing to	death but n	ot resulting	in the u	nderiyin	g cause	given in	Part i.	24a, WAS AN		24b	WERE AUTOPSY F	
S											PERFO			COMPLETION OF	
MEDIC										_	YES	2   110		OF DEATH?	
										- 1				70 163 2	MO
SICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF D	EATH (Ch	eck only or	ne)	-			
Sic	EXAMINER?		HOSPITAL:	ER/Outpatien	1 3 🗆 DOA	OTHE	R:	ne 5 D∢R							
РНҮ	27. MANNER OF DEATH		26s. DATE OF	INJURY	28b. TII	ME OF	_	JURY AT	PERCENTICE		SCRIBE HOW	INJURY OCC	CURED		
		Pending	Four	ıa	10	Und	1 🗆	ORK? YES 2	. NO						
a PLACE OF INJUST 16:30P A SHOTEC							ATION (Street	and Number		Route Number					
TED		determined	a t	etc. (Specify)						City	or lown, State,	)			
MPLET	29a. CERTIFIER 1 CERT	TIFYING PHYSIC				rad at the	time det	and sta			0 Smi				_
M			IAN: To the best of a											t) and manus or	ntate 4
00	29b SIGHANDRE AND TITLE		/				-printeri, t	-			and piace, st				
H	A A	OF CENTIFIER	- 0-	An 1	)			1777	ENSE NUN			29d. DATE		(Month, Day, Year)	
	1 HU		DULLE	//M				1 (	) . C .	M.E		1	2 2	3 1992	

32. PEGISTRADIO SIGNATURE Julia Day doon-Randall

Penn Street, Baltimore, Maryland



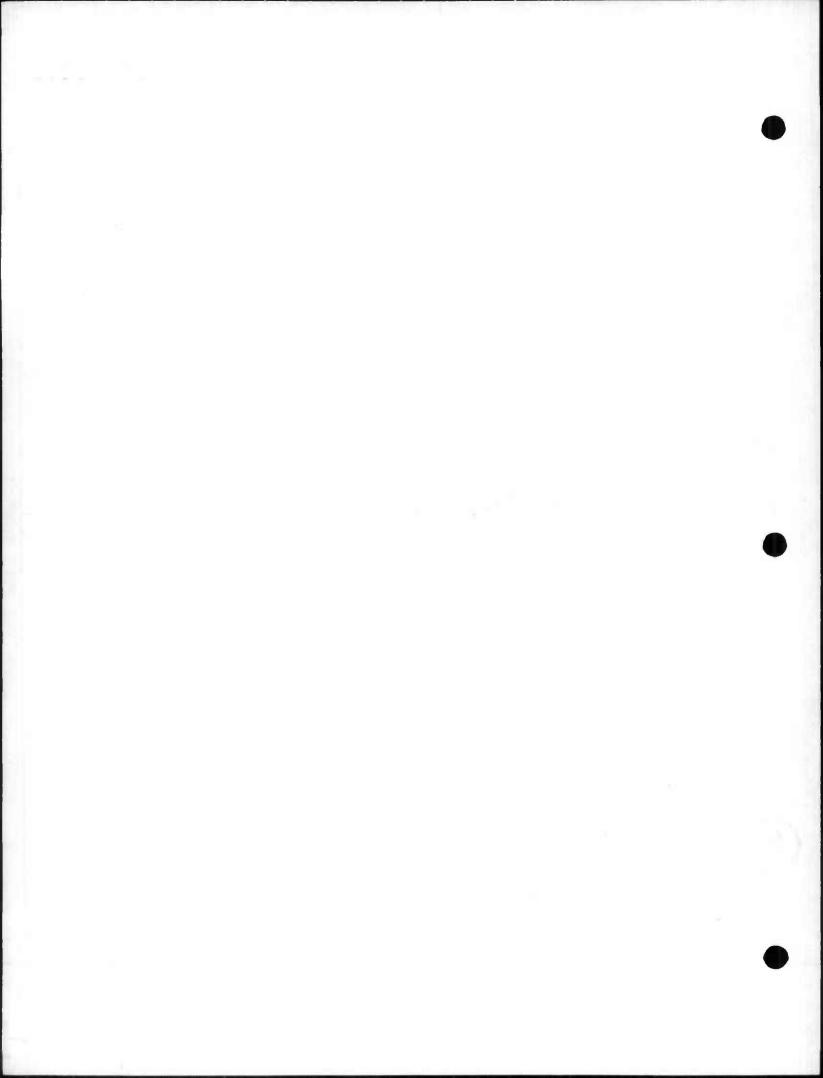
hours after death. Page 6 may be retained by the hospital or attending physician. If the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should ENDING PHYSICIAN: The law requires that the death certificate be executed within 24

BALTIMORE, MARYLAND 21215-0020

SION OF VITAL RECORDS, P.O. BOX 68760,

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	een	6	sho
	THE FUNCTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	fried within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INDOPTINATE If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	tifica	e St	I II
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	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEPA CERTI	RTMENT OF HE		NTAL HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH		3. TIME OF DEATH	
	Julia Ann Watson			-	ec. 23	1992 YEAR	0420 M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday		IF UNDER 24 HRS. 7. (	DATE OF BIRTH	0, BIRTH	IPLACE (State or Foreign	
1 3	579 28 4310	# <sup>2</sup> 🔀 🛣 65 YRS.	MONTHS DAYS	HOURS MIN. F	(Month, Day, Year) eb. 3 192	7 Ohio		
1	9a. FACILITY HAME (If not institution, give street and	number)	96. CITY, TOWN OR	LOCATION OF DEATH		Sc. COUNTY OF D		
8	Anne Arundel Medical	Center	Annapo	lis		Anno A		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			imme midniger				
H.	Maryland Prince Ge		TOWN OR LOCATIO	N N		10d. INSIDE CITY LIMITS?		
	10a, STREET AND NUMBER	orge s	Bowie				1.XXYES 2 □ NO	
RA	13101 Idlewild Drive		107. 2	20715		10g. CITIZEN OF		
FUNERAL							States	
	1 Never Married 2 Married FOR	S DECEDENT EVER IN U.S. ARMED RCES? 1 YES 2 NO	If yes, spec	NDENT OF HISPANIC O Ify Cuben, Mexican, Pu		or No- 14. RACI Blaci	E — American Indian, k, White, etc.	
ВУ	3 ☑Moldowed 4 □ Divorced	YES, GIVE WAR OR DATES NO	1 🗌 YES 2	NO Specify:	No	Spec	White	
0	15. DECEDENT'S EDUCATION	16a. DECEDENT	'S USUAL OCCUPATION		16b, KIND OF BUSI	NESS/INDUSTRY	WILLEE	
lii.	(Specify only highest grade complete Elementary/Secondary (0-12) Colleg	(Give kind o life, Do NOT	of work done during most use retired.)	of working				
P.	12	Secre	etarv		U.S.	Governm	ent	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (F				
BE	Vernon Lee Snowden			Myrtle	Minnix			
10	19a. INFORMANT'S NAME (Type/Print) Howard Vernon Watson	19b. MAILIP	NG ADDRESS (Street and	Number or Rural Route	Number City or Town.	State, Zip Code)		
F	noward vernon watson	. 1310	01 Idlewil	d Drive B	owie Mary	yland 20	/15	
	20a. METHOD OF DISPOSITION 1 □ Burial 2 XDCremation 3 □ Removal from	20b. PLACE AND DATE cemetery, cremetory or	E OF DISPOSITION (Name	eof	DATE 20c. LOC	ATION — City or To	own, State	
	4 Donation 5 Other (Specify)	Metropo.	<u>litan Crem</u>			Alexand	ria Va.	
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE			Evans Fune		D 4		
	Dobert C. CL	ans Hes		Annapolis			715	
	23. PART I. Enter the diseases, or complication	ations that caused the death. Do	not enter the mode	of dying, such as	cardiac or respira	story arrest,	Approximate	
	shock, or heart fellure. List onli IMMEDIATE CAUSE (Final	· Alternative and Alexander States					Onset and Death	
	disease or condition resulting in death)	Metastati	ic m	iast (	aucer	,	3 4rs	
1 1		DUE TO (OR AS A CONSEQUENCE	OF):					
Z	Sequentially list conditions, b.	asuites					6 whs	
١ĕ١	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	OF):	+			1-1-6-	
3	CAUSE (Disease or Injury	DUE TO (QR AS A CONSEQUENCE	involve	went			GW-9	
	that initiated events resulting in death) LAST	DUE TO (OH AS A CONSEQUENCE	OF):					
CERTIFICATION	d							
H H	PART II. Other significant conditions contri	buting to death but not resulting	g in the underlying	cause given in Part			WERE AUTOPSY FINDINGS	
MEDIC					PERFORM 1 TES 2	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? /	
핗							1 YES 2 NO	
z							1	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		CE OF DEATH (Check or	nly one)			
YS!		patient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home	5 🗆 Residence 6 🗆	Other (Specify)			
H		a. DATE OF INJURY (Month, Day, Year) 28b. Ti	IME OF 28c. INJURY WORK	TY AT 28d	. DEȘCRIBE HOW IN.	JURY OCCURED		
B	2 Accident Investigation			S 2 NO				
ED	3 Suicide 6 Could not be determined	<ul> <li>PLACE OF INJURY — At home, farm building, etc. (Specify)</li> </ul>	, street, factory, office	281.	LOCATION (Street an City or Town, State)	d Number or Rural F	Route Number,	
H								
COMPLET		the best of my knowledge, death occur						
ő	2 MEDICAL EXAMINES: On the	basis of examination and/or investigat	tion, in my opinion, dea	th occured at the time,	data and place, and	due to the cause(s	) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CENTIFIER	2	1	19c. LICENSE NUMBER		29d. DATE SIGNED	(Month, Day, Year)	
TO B	/ lans	muly		D3108	2	12/2	73/92	
F	30. NAME AND ADDRESS OF PERSON WHO COMPL			2)				
f l	MARY L. MICHEIS	MD 700 BE	STGATE !	ED AN	NAPOli	s, mo	21403	
		REGISTRAR'S SIGNATURE				/		
	JAN 0 5 199B	Fisher Davidson-A	andell			_		



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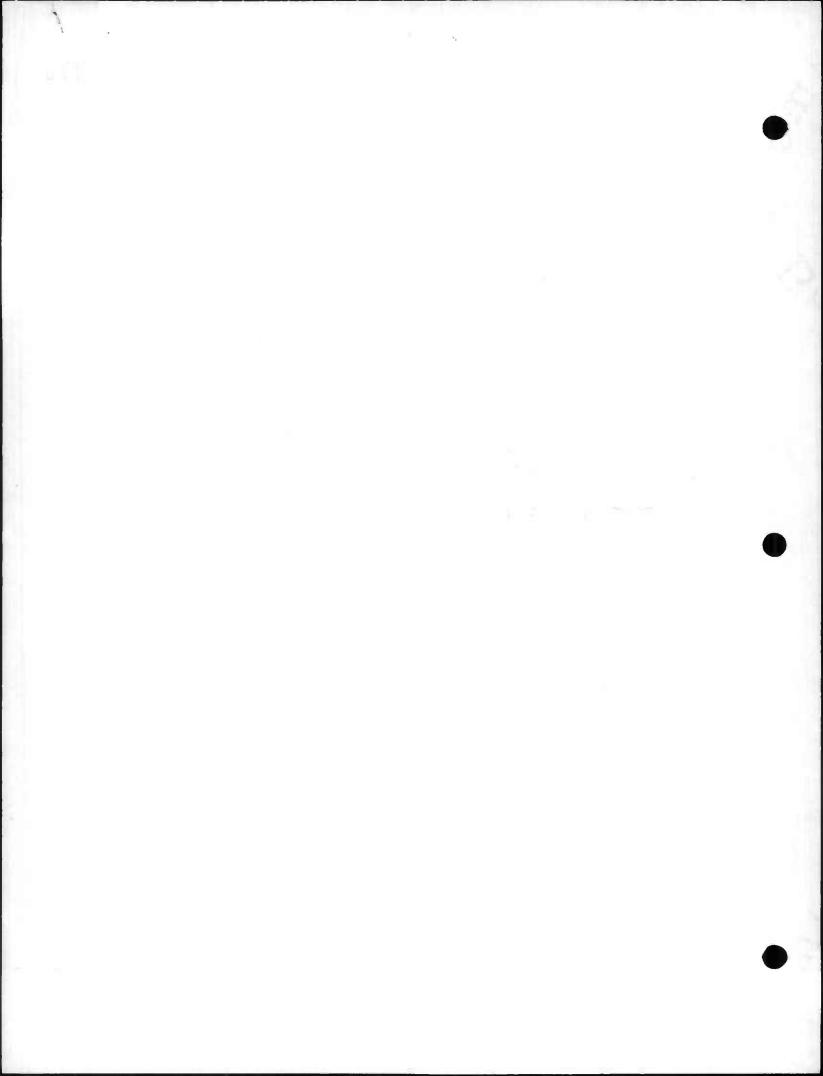
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BICKETT WATKINS 10:56 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Dev. Year 8. BIRTHPLACE (State or Foreign HOURS 1 N 2 | F 241-12-8840 YRS. 73 1919 North Carolina September Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CHEVERLY PRINCE GEORGES RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND PRINCE GEORGE'S **LANDOVER** permit. 1) YES 2 | NO FUNERAL 10s. STREET AND NUMBE 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY burial-transit 6422 Southland Drive 20785 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify BY 3 🕅 Widowed 4 🗌 Divorced as the 1943-1946 BLACK ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use ò entary/Secondary (0-12) College (1-4 or 5+) COMPL detached CARPENTER BUILDING TRADE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ the funeral director, page 5 should be OMEGA WATKINS NANNIE DUNSTON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 PATRICIA S. KELLIBREW Southland Drive Landover MD 20785 2 20e, METHOD OF DISPOSITION
1 (\( \tilde{\Omega} \) Burial 2 \( \tilde{\Omega} \) Cremation 3 \( \tilde{\Omega} \) Removal from State
4 \( \tilde{\Omega} \) Donation \( \sigma^2 \) \( \tilde{\Omega} \) Other (\$\Sigma^2 \) 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must HARMONY MEM NAT'L. 12/30/92 LANDOVER MD examiner 21. SIGNATURE OF FUNERAL BENE ICE LIQU 22. NAME AND ADDRESS OF FACILITY MORROW AND WOODFORD FUNERAL SERVICES" 1622 11th St., NW DC 20001 Wash., or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, signed by the attending physician and completely filled in by ' Health and Mental Hygiene prior to burial, cremation, or remo Approximate interval Between shock, of heart failure. List only-one cause on each line. Onset and Death IMMEDIATE CAUSE (Final traumatic event, the disease or condition resulting in death) h BION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO t. of has be Dept. PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OEATH (Check only one) hours after death with the State HOSPITAL: OTHER: TX TES 2 NO 1 ☐ Inpetient 2 📈 ER/Outpetient 3 ☐ DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCURED is marked, IN PICKUPUTRUCK PACT 1 Netural 9:00P. 2-24-1992 1 TES 2 ND BY DRIVER 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Flural Route Number City or Town, State) 6 Could not be COMPLETED 28 4 Homicide ON STREET MARTIN LUTHER KING HWY TO THE IN PITAL OR TO THE FUN WITH 72 hours at IMPORTANT: If Item 2 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as state CARRINGTON AVE 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 O.C.M.E 25-1992 MPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32. REGISTRAR'S SIGNATURE ha Savidson-Randell

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OHMH-18 Rev 1/80

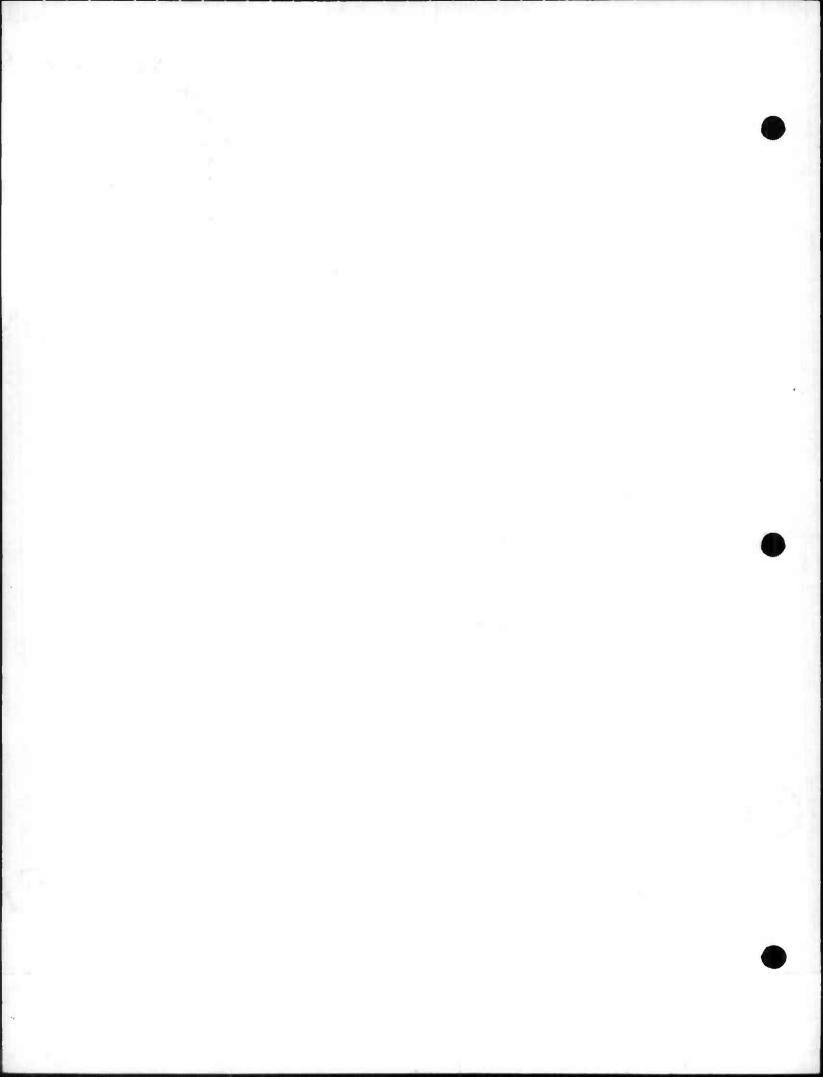
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	1. DECEDENT'S NAME (First	, Middle, Last)							2	DATE OF DEATH DATE OF	AY	YEAR	3. TIME OF DEATH
	HATTIE			TER						12	29	92	1 16P
	230-14-0378	BER	5. SEX	II. AGE		78 YRS. MONTHS DAYS HOURS MIN.		MINI,	parte of Burth (Month, Day, Year) pril 20,1	01.	Count	HPLACE (State or Foreign try)	
	9a. FACILITY NAME (If not in	setitution also			-/-	tna.	AL OUTY TO	WEL OF LEGATION			*	Tennessee	
Œ	Su. PACIETY NAME (II NOT II	isinution, give	street and number)			9b. CITY, TOWN OR LOCATION OF DEAT				4	9c. COU	INTY OF C	DEATH
5	PRINCE CEOR	EDENT	OSPITAL	CENT	ER	CHEVERLY					PRI	NCF	GEORGE'S
DIRECTOR	10a. STATE	10b. COUNT				10c. CITY	TOWN OR L	OCATION			_		10d. INSIDE CITY
	Tennessee	Su11	ivan			Bri	stol						1) YES 2 NO
AL	10e. STREET AND NUMBER							10f. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	960 Winds	or Ave	· ·					3762	.0			U.	S.A.
5	11. MARITAL STATUS		12. WAS DECEDED				13. WAS	DECENDENT OF	HISPANIC	ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian, ik, White, etc.
BY F	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE						Specify:	verto Hican, etc.)		Spec	other.
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ETE	(Specify only	EDENT'S EDU y highest grade	e completed)		(GA	ve kind of we Do NOT use	ISUAL OCCU	IPATION ng most of working		18b. KIND OF BUS	SINESS/IN	DUSTRY	
7	Elementary/Secondary (0	12)	College (1-4 or 5	+}		tress				Restaur	ante		
COMPL	17. FATHER'S NAME (First, M	liddle Leat)		_	wal	LIESS	-	40.00000	min statem	(First, Middle, Maiden			
_	William Sh	,											
8	194. INFORMANT'S NAME (1				104	MAILING	ADDRESS /S			Lunsford Number, City or Town		0.40	
유	Alexander D		110									,	207/2
	20a, METHOD OF DISPOSIT	ION		201					Сар.	ital Heig	-		
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	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	enst fellure.	EN	D S	TAG	E CI	Mars	shall's mode of dyin	Fune:	ral Home,	Inc.	Sui	Approximate Interval Between Onset and Dea
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í	TEMPING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.	Mil.
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	FOR STATE REGISTRAR	STATE OF MARYI		RTMENT OF H		NTAL HYGIENE REG. NO.				
		E. WILLIA			2.	DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH P			
	4. SOCIAL SECURITY NUMBER 577-26-9326	1 № 2 □ F	(In yrs. lest birthday) 59 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN. 1	DATE OF BIRTH (Morth, Day, Year) 1/23/23	BIRTHPLACE (State or Foreign Country)     Va •			
TOR	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  PLINCE GROWBS  RESIDENCE OF DECEDENT									
- DIRECTOR	Md . 10b. COU	P.G.	10c. Cr	r, town on Locat Distric	t Hgts.		10d, INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL		Elmhurst St.		101	20747		J.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPANIC ( ecity Cuben, Mexican, P 2 [X] NO Specify:	DRIGIN? (Specify Yes or No— uerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black			
LETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u			Mainter				
COMPL	17. FATHER'S NAME (First, Middle, Last)	The motification for the contract of the contr					lance			
TO BE	Unknown Annie W  19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route						) Code)			
-	Eugene G. Wil	20		e as #	10 above					
	1 № Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify) 2 21, SIGNATURE OF FUNERAL SERVICE	emoval from State	Mt. cremetory er	other place) IVet Ce	m. 12/30	/92 Wash.	. , D. C.			
	→ Lauy	W. Pra	t	H.S	.Washing 5 Burrou	ton & Sons, ghs Ave.,N.	Inc. E.			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	_ d	A CONSEQUENCE O		accele	ud a & Sep	Onset and Death			
MEDICAL	PART II. Other significant condit	ions contributing to death t	but not resulting	In the underlying	g cause given in Par	t I. 24e. WAS AN AUTOPSY PERFORMED?  1 VES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Check of					
PHY	27. MANNER OF DEATH  1 🖾 Netural 5 🗌 Pending	28a. DATE DF INJURY (Month, Day, Year)	RK?	d. DESCRIBE HOW INJURY OC	CURED					
ETED BY	2 Accident Investigatio 3 Suicide 6 Could not i 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,		7ES 2 NO 28	I. LOCATION (Street and Number City or Town, State)	or Rural Route Number,			
4		YSICIAN: To the best of my know					ied.			
D BE COM	29b HIGNATURE AND TITLE OF CERTIF		Mu	dui	2 C DCENSE NUMBER		E SIGNED (Month, Day, Year) 12. 23 92			
2	AXMI AND ADDRESS OF PERSON	ENWa V	7700	OLD	Snanch	AVE. CL.	NTON MD			
	31. DATE FILEO (Month, Day, Year)  JAN 0 4 199	3 STATE DAYS	NOTE Pande	2						



TO THE PRINCE AND CHASICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNEBAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

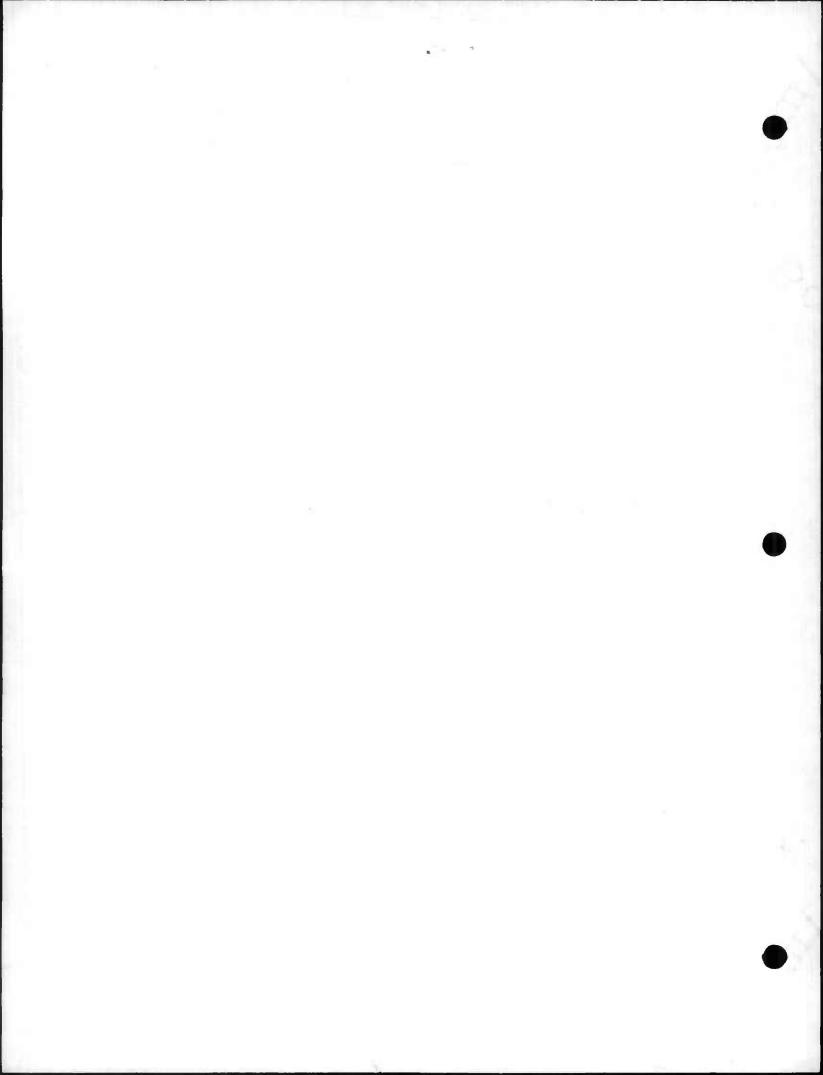
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

Harris of the State of the Stat

FOR STATE

	REGISTRAR		CERTIF	CATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C			3. TIME OF DEATH	
	Elijah J.	TAT:	allace,	Jr.		MONTH 1 2	2.1	1992	F. 31 DW	
	A SOCIAL SECURITY	6. AGE /	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	100,000		5:21 PM HPLACE (State or Foreign	
- V	,= , , , , , , , , , , , , , , , , , ,	12   F   24		MONTHS DAYS	HOURS MIN.	8 (Month)	7-68-67	P.ou?	.CO., MD.	
1	9a. FACILITY NAME (If not institution, give street and	number)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c.	COUNTY OF	DEATH	
TOR	Prince Georges General Hospital Cheverly Prince Georges									
DIRECTOR	Md . 10b. COUNTY	P.G.		iverda				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e. STREET AND NUMBER			10	H. ZIP CODE		100	. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	5404 Kenilworth				20737				S.A	
B	1X Never Married 2 Married FOF	S DECEDENT EVER II PICES? 1 ( YES 'ES, GIVE WAR ON D	2 NO	If yes, s	CENDENT OF HISPA Decity Cuben, Mexic 3 2 NO Speci	an, Puerto Ri	(Specify Yes or N can, etc.)	lo— 14, RAC Blac Spec	E - American Indian, sk, White, etc. sily: Black	
B	15. DECEDENT'S EDUCATION		16a. DECEDENT'S	USUAL OCCUPAT	ON	16b.	KIND OF BUSINES	SS/INDUSTRY		
14	(Specify only highest grade complete Elementary/Secondary (0-12) Cotteg	a (1-4 or 5+)	(Give kind of w life. Do NOT us	rork done during m e retired.)	ost of working					
AP I	11th		Unempl	oyed			No	one		
COMPLETED	17. FATHER'S NAME [First, Middle, Last) Elijah J. Wal	lace,Sr			Oliv:	AME (First, Mi	ddle, Malden Sumi	eme) O N		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numbe	r City or Town Str	eta Zio Codel		
2	Olivia Wallace				10 abov		, ony or torrily one			
	20g. METHOD OF DISPOSITION	206	. PLACE AND DATE O	F DISPOSITION /A	ame of	DATE	20c. LOCATIO	ON — City or T	own. State	
	1X Burial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	n State	at mony	Men. I	ark 12,	/29/9	Land	lover	Md.	
- 3	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	4		22. NAME A	ND ADDRESS OF FA	ACILITY				
	Jany N.	Pra	u	492	S.Wash	ingto	on & Sc Ave.,	ons,ir N.E.	nc.	
	23. PART i. Enter the diseases, or complication	ations that caused	the death. Do n	ot enter the m	ode of dying, suc	ch as cardi	ac or reapirato	ry arrest,	Approximate	
	shock, or heart failure. List only iMMEDIATE CAUSE (Final								interval Between Onset and Death	
	disease or condition resulting in death) a.	GUNSHO"	CONSEQUENCE OF		OF CH	HEST				
z				,.						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEQUENCE OF):							
3	CAUSE (Disease or injury	DISE TO SOR AS A	00110501151105							
Ē	that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF	):					1	
当	d									
CAL	PART ii. Other significant conditiona contri	buting to death b	ut not resulting i	n the underlyin	g cause given in	Part i.	24a, WAS AN AUTO PERFORMED		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
ŏ						_	1 X YES 2   1	vo	COMPLETION OF CAUSE OF DEATH?	
X						_		- 1	1 XES 2 NO	
ÿ										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		26. P	LACE OF DEATH (C/	heck only one,	)			
YSI	1X YES 2 □ NO 1 □ Inp	estient 2 X ER/Outp	etlent 3 🗆 DOA		ne 5 🗆 Residence	6 🗆 Other	(Specify)			
표	27. MANNER OF DEATH 28. 1 Netural 5 Pending 1	a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	OF 28c, IN	JURY AT ORK?	28d. DE\$C	RIBE HOW INJUR	Y OCCURED		
B	2 Accident Investigation		92 4:41		YES 2 NO		iect sl			
G	3 Suicide 6 Could not be 4 Homicide determined	e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s sify)	treet, factory, offi	00	28f. LOCA City or	TION (Street and N Town, State)	lumber or Flure!	Route Number,	
E		outsid	le of re	esiden	ce	356		Aveni	ue-Ant. 5	
COMPLET	298. CERTIFIER 1 CERTIFYING PHYSICIAN: To						e(a) and manner :	es stated.		
S	one) 2 MEDICAL EXAMINER: On the	besis of sxamination	n snd/or investigation	n, in my opinion,	death occured at the	time, dats a	and place, and due	s to the cause(	s) and manner as stated.	
Ш	296/SIGNATURE AND TITLE OF CENTIFIER	111 (	h		29c. LICENSE NU	MBER	290	I. DATE SIGNEI	O (Month, Day, Year)	
0	WWW FUN	The state of the s	HMI		0.C.	MF	•	12 2	2 1992	
2	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETED CAUSE OF DE	TH (ITEM 27) (Type,	Print)	<u> </u>	ه نه و د د		16 6	G 1774	
	MARIO F. GOLLE	JP- WI	2111 Pa	enn St	reet R	altin	nore M	Marul	and 21201	
	31. DATE FILED (Miles Day Year) 1002 32.	REGISTRAR'S SIGN	ATURE Land	00	occ, b		10161	TOT VI	41401	



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TO THE WORLD OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be he find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at
16	3	4
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7900 CIG F 31. DATE FILED (Month Day May)

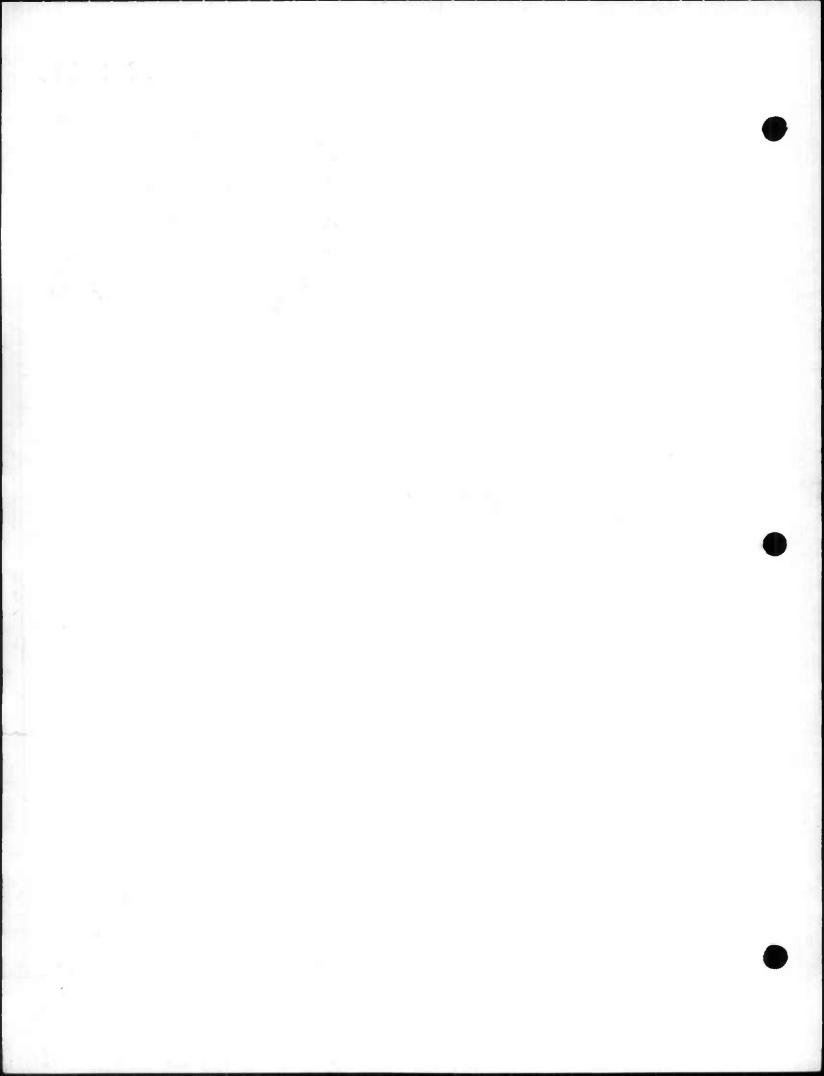
	FOR	STATE OF MARYLAN	IN / NEDAG	TMENT	UE H	EAITH ANI	D MENTA	I UVCIENI		32	382	78		
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE				REG. NO.			TIME OF DEAT	71		
	LORENE	E. Zu	PAN	101	0		MON	T 200		G7	7:01	·A.		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)									BIRTHPL/ Country)	ICE (State or Fo	roign		
	9e. FACILITY NAME (If not institution, give etreet and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH													
CTOR	LIVINGSTON HEALTHCALE CENTER FT. WASHINGTON, MD. PRINCE GEORGE 104. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?													
DIRECTOR	Md Prince George's Camp Springs											MO.		
AL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT													
E	7011 Loch Raven Road 20748 USA													
BY FUNERAL	11. MARITAL BTATUS 12 1	E. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	1	if yes, sp	ecity Cuben, Me 2 NO Sp	xicen, Puerlo	N? (Specify Yea Rican, etc.)	or No— 14	I. RACE — Bleck, W Specify:	American India			
	15. DECEDENT'S EDUCATI		6a. DECEDENT'S	USUAL O	CCUPATIO	ON	16	b. KIND OF BUS	INESS/INDUS	TRY	WILLCE			
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done ( se retired.)	during mo	st of working								
AP.	12	4	Hor	nema	ker			Own	Home	2				
Ö	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S	NAME (First,	Middle, Maiden	Sumame)					
BE	Francis X. Voqt							. Wedr						
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or														
	David Zupancic								ard,					
	1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State	ther place) Lee C:				OF		nton	,	State			
	21. SIGNATURE OF FLAVERAL REMANDE LICENS	SEE	TEE C.	22.	NAME A	Y ND ADDRESS OF	F FACILITY T	Lee Fu	nora	, Mu.	mo In			
	· UKBA	-		66	533	Old A	lexa	nder E	erry	Roa	id			
-	23. PART I Enter the diseases, or com	collections that sourced t	he death De	C	Lin	on.Md	207	35						
	eĥock, or haart fallure. List	only one cause on eac	h lina.	not anter	the mc	de or dying,	SUCH BE CE	rollec or reap	ratory erres	R,	Approximation interval Be	etween		
	immediate cause (Final disease or condition resulting in death)	End Stage	d (	913 h	ELMC	n's d	lisea	co.			Senas	Death		
NO	disease or condition resulting in death)  a. End Stock do Bistamors disease.  Due to (or as a consequence of):  Bequantially list conditions,  Due to (or as a consequence of):										Jean	2		
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ASDIVETO OR AS A C					_			mound	\$			
ERTI	resulting in death) LAST	arinary				tions.					minde	2		
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	Ford TNAS	not resulting	In the ur	nderlyln	g ceuse giver	n in Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	CC Of	ERE AUTOPSY FI AILABLE PRIOR OMPLETION OF C DEATH?	TO		
ä														
CIA	EXAMINER? HOSPITAL: OTHER:													
YSI	1 TES 2 NO 1	☐ Inpetient 2 ☐ ER/Output	fent 3 DOA	4 Whur	H: sing Hon	ne 8 🗆 Resider	nce 8 🗆 Ott	ner (Specify)						
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF JURY M	W	ORK? YES 2 NO		ESCRIBE HOW I	NJURY OCCU	RED				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm,	street, fac	tory, offic	•		CATION (Street of y or Town, State)		Rural Rout	e Number,			
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: (Check only one)	N: To the best of my knowled									nd manner se s	Asted.		
	29b. BIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE	NUMBER		29d, DATE I	BIGNED (M	onth, Day, Year)			
3 BE	POPEN IIL	Hem my	)			DI	2884	-	1	on o	27/92			
2	30. NAME AND ADDRESS OF PERSON WHO C			a, Print)		,								

Branch ave suite 101. Clinton 1 199 por medicine significant fundamental

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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENT
DECEDENT'S NAME (First, Middle, Lest)	na O V at a	2. DA

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYLA		ICATE OF		REG. N				
	1	nmerman	,			2. DATE OF DEATH	DAY ZZ9 YEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	n yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	8, Bi	8. BIRTHPLACE (State or Foreign Country)			
19	90. FACILITY NAME (If not institution, give		72 YRS.		OR LOCATION OF D	New Year	V YORK			
OR	Frederick Memor	ial Hospital		Frede				derick		
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
	Maryland Fred  100. STREET AND NUMBER	lerick	F.	rederich	OH. ZIP CODE		Ma CHITTEN	1) YES 2 NO		
FUNERAL	8104 Runnymeade	Dr.	Dr.				USA	or was cooking		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1 NO	If yes, s		NIC ORIGIN? (Specify Years, Puerto Rican, etc.) ly:		IACE — American Indian, Black, White, atc. Specify: White		
ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed)	16a, DECEDENT'S (Give kind of a life. Do NOT us	vork done during m	ION ost of working	16b. KIND OF B	USINESS/INDUSTR	Y		
COMPL		College (1-4 or 5+)	Scien	tist		Ft. D	etrick,	MD		
	17. FATHER'S NAME (First, Middle, Last) HOULY Zimmermo	ın			18. MOTHER'S NA	AME (First, Middle, Maide	n Surneme)	-		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	wn, State, Zip Code	)		
	Mr. Irving Zimn 200. METHOD OF DISPOSITION	20h.	4236	Loch Hi	gland Pki	DATE 200 L	OCATION - CIN O	30075		
	1 M Burial 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	novel from State come	thaven	berpiece) Garden (	of Solomo	n 12/23/9	2 Freder	rick, MD		
Į,	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRESS OF FA	ral Homes				
	23. PART I. Enter the diseases, or	complications that caused	the death Do	P.O.	Box 1819	, Frederi	ck, MD 2	2.1702 Approximata		
	Interval Onset a disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):									
AL CE	PART II. Other significant condition	ns contributing to death bu	it not resulting	in tha underlyir	ng cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
: MEDIC						1 YES	2 1 NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	neck only one)				
PHYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 FR/Outpe 28e. DATE OF INJURY	28b. TIM	4 Nursing Hor E OF 28c. IN	me 5 🗆 Residence	6 Other (Specify) 28d, DE\$CRIBE HOW	INJURY OCCURE	0		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		W 1	YES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	26f. LOCATION (Street City or Town, State	t and Number or Ru e)	rel Route Number,					
COMPLE		ICIAN: To the best of my knowle ER: On the basis of examination						se(e) and manner ee stated.		
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	lich, ME	-		29c. LICENSE NU	MBER 482	29d. DATE SIG	NED (Month, Day, Year) 172-192-		
	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)						
	31. DATE FILED (Month, Day, Year) DEC 28	32. REGISTRAR'S SIGNA								
	DECAG	1992 Julia Dan	10 m-Rand	400						

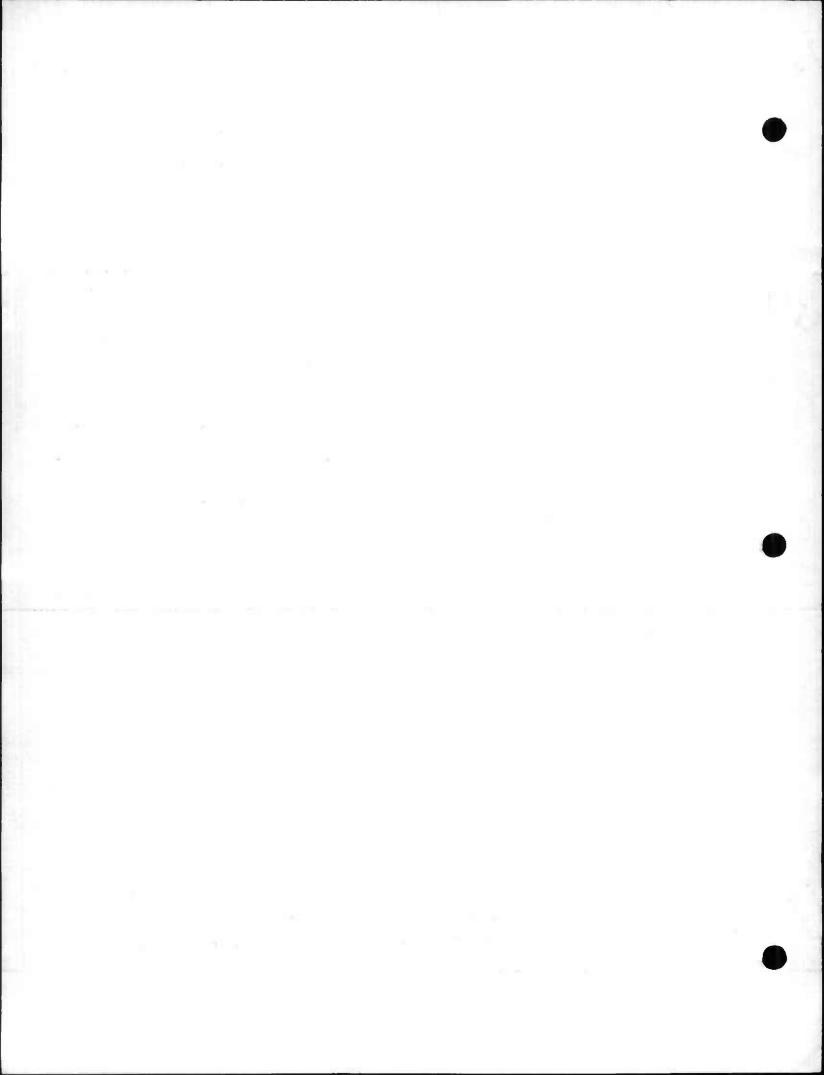


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BANDINISION OF VITAL RECORDS, P.O. BOX 68760, BA	<b>BALTIMORE, MARYLAND 2121</b>
THE HOSTIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA hours after death. Page 6 may be retained by the hospital or atten	r death. Page 6 may be retained by the hospital or atter
TO THE TOTAL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	ne funeral director, page 5 should be detached for use a
we make where 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	al.
IMPORTANT If hem 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once	examiner must be notified at once

31. DATE FILED (Morith, Day, Year)
DEC 2.1 1992

32. REGISTRAR'S SIGNATURE

							9	2 30200		
	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HEALT		NTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Jeanette		2	Copmer.	Ĺ	Descrit. 10 gay 199 BAR 3. The of Death				
	4. SOCIAL SECURITY NUMBER 226-46-9101	1 M 2 K F 8	(In yrs. lest birthday) 3.2 YRS.	IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR	DER 24 HRS. 7.	DATE OF BIRTH	BIRTHPLACE (State or Foreign CourMinnesota			
OR	9a. FACILITY NAME (II not institution, give a 8100 Connection			chevy Ch		1	of DEATH GOMERY			
ځ	RESIDENCE OF DECEDENT           10a, STATE         10b, COUNTY         10c, CITY, TOWN OR LOCATION         10b									
DIRECTOR	Maryland Mont	tgomery		hevy Chas			10d, INSIDE 6 LIMITS? 1 YES 2			
FUNERAL	8100 Connecticu	ıt Avenue		10f, ZIP C				J.S.A.		
ВУ	11. MARITAL STATUS  1 Never Married 2 Merried  Widowed 4 Divorced	N U.S./AGMED 2-1-1-100 ATES		uban, Mexican, F	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc.			
0	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION work done during most of wo	odrina	16b. KIND OF BUS	SINESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)	Iffe. Do NOT us	maker	wing	own	home				
BE CON	17. FATHER'S NAME (First, Middle, Last) Meyer Levin	е		18. M	other's NAME Sarah	(First, Middle, Maiden Unknow)	Sumame)			
TOB	19a. INFORMANT'S NAME (Type/Print) Paul Zisman		19b. MAILING 221	Mount Ple	asant	Blvd., F	n, State, Zip Co. 'almou	th, Va. 224		
								or Town, State 1Urch, Va.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22THAME AND ADD	PESS OF FACIL	Y Funera	1 Hom	100		
	Lia D. 1	McClain				ya. 2		103		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  Approximate interval Between									
	IMMEDIATE CAUSE (Final disease or condition cause on each line.  Cardio-Pulmonary Failure resulting in death)  Cardio-Pulmonary Failure									
z	DUE TO (OR AS A CONSEQUENCE OF):  Metastatic Ovarian Cancer									
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS /	CONSEDUENCE O	F):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE O	F):						
2	DART II OIL - I - III - III									
PHYSICIAN: MEDICAL	PART II. Other significant condition	a contributing to death in	out not resulting	in the underlying caus	e given in Pa	rt I. 24a. WAS AN PERFOR	NMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
2				<del></del>		-		1 TES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Check	only one)				
S	1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outs	patient 3 DOA	OTHER:	Wasidance &	Other (Specific)				
¥	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. Til			Id. DESCRIBE HOW I	NJURY OCCUR	EO		
	1/2 Natural 5 Pending Investigation	2 NO								
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	At home, ferm,	street, factory, office	20	Pt. LOCATION (Street City or Town, State)		Rural Route Number,		
COMPLETED	onel	ICIAN: To the best of my know ER: On the beste of examination								
BE	296 SIGNATURE AND STITLE OF CERTIFIE	3/18	w-		HO99	13	Dec DATE SI	• 10, 1992		
5	30. NAME AND ADDRESS OF PERSON WHAT ALEX BURNE	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type)	servoir Ro	d., NW	Washin				

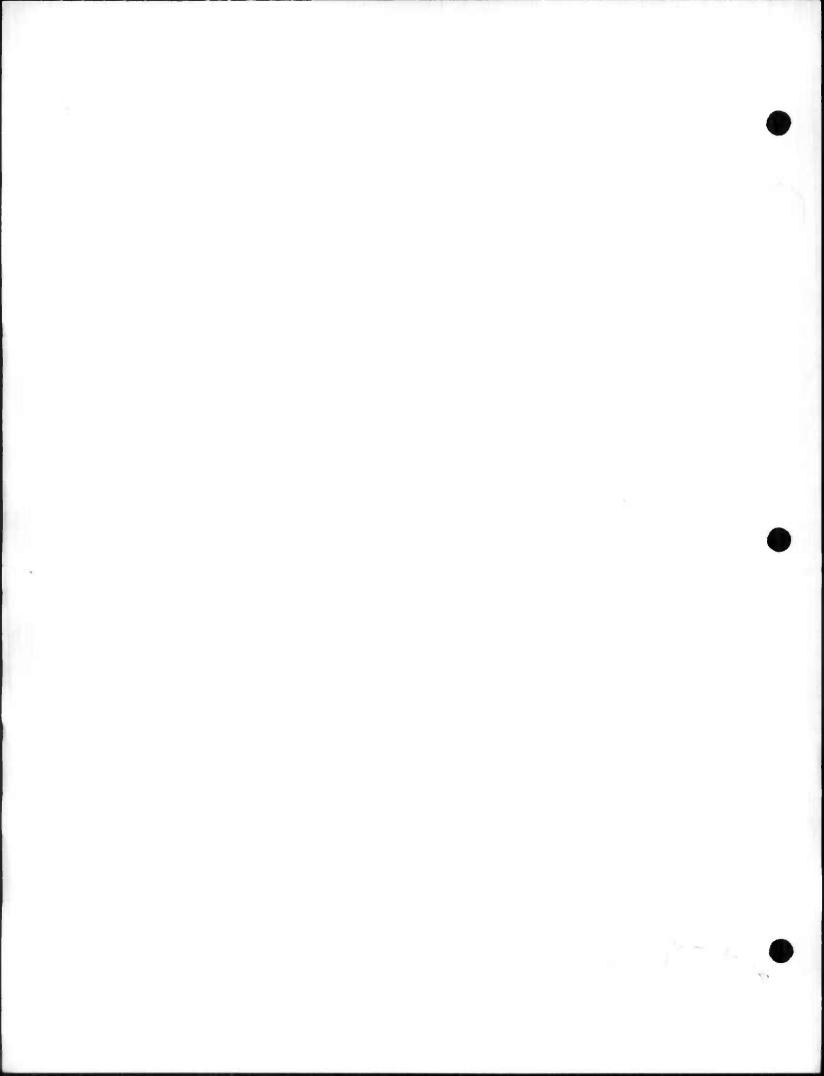


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Juns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Den, or Health and Mental Horiene brior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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RA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune find within 72 hours after death with the State Deor of Health and Mental Hydiene brion to burial, cremation, or removal.	E
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31. DATE FILED (Month, Det AND 4

	FOR STATE REGISTRAR	STATE OF MARYL		EPARTMEN TIFICAT			MENT	AL HYGIENI REG. NO.	E 0	32	38281	
	1. DECEDENT'S NAME (First, Middle, Las	ot)					2. OAT	E OF OEATH		EAR S	. TIME OF OEATH	
	A	LLEN KENNETH	ANGL	.EBERGE	R		12	29	1992	-An	1 a. M	
	4. SOCIAL SECURITY NUMBER  219-36-3477	5. SEX 6. AGE	in yrs. last bir	YRS. IF UND	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH nth, Day, Year)		BIRTHPI Country)	ACE (State or Foreign	
OR	90. FACILITY NAME (If not institution, gh		7		Thur	nont						
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COU  MD.	1	oc. city, town Thwimo		TION				0d. INSIDE CITY LIMITS?  YES 2 NO			
FUNERAL I	100. STREET AND NUMBER 13707 Straffor			10	ZIP CODE	88			AT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	D 15	If yes, sp	ENOENT OF HISP ecity, Cuben, Mexi 2 1 NO Spec	can, Puert		or No- 14.	RACE Black, Specify:	- American Indian, White, atc. White	
COMPLETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	OUCATION ade completed) College (1-4 or 5+)	(Give i	DENT'S USUAL kind of work don NOT use retired Ufactur	e during mo	ON st of working	1	Claire's Manufacturing				
BE COM	17. FATHER'S NAME (First, Middle, Lest) Worthington An	gleberger, Jr.				18. MOTHER'S I		, Middle, Meiden Ller	Surname)			
TO B											788	
	20a. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 R 4 Donation 8 Other (Specify)	emovat from State	other plene!	1		notery, cremetory o Church			CATION — City			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE Lem	me	2	stau	of address of fer Fullerick. I	reral	2 Home,				
	23. PART I. Enter the diseases, a shock, or heart failu	or complications that cause re. List only one cause on a							ratory arrest	,	Approximate interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	conseque	ENCE OF):		ers or cru	eyt.	P 60 51 (	, ,	Onset and Death			
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	oue to (or as a	A CONSEQUE	ENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algolificant condi	tions contributing to death t					in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (	Check only	ane)				
SIC	1 YES NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 🗆	DOA 4 1 N		ne 5 Beeldend	e 6 🗆 O	ther (Specify)				
ВУ РНУ	27. MANNER OF DEATH  1	2	186. TIME OF INJURY	W	JURY AT DRK? YES 2 NO	28d. [	EŞCRIBE HOW I	Y) HOW INJURY OCCURED				
	3 Suicide 8 Could not 4 Homicide determined		Y — At home	, farm, atreet, f	ectory, offic	:0		OCATION (Street a lty or Town, State)	and Number or	Aurel Ro	ule Number,	
COMPLETED	one)	IYSICIAN: To the best of my know								euse(e)	end menner ee stated.	
ш	29b SIGNATURE AND TITLE OF CERTI	FIER > /				29c. LICENSE N	IUMBER		29d, DATE S	tGNED (	Month, Day, Year)	
O 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										9/92		

Juna Livedson-Randale



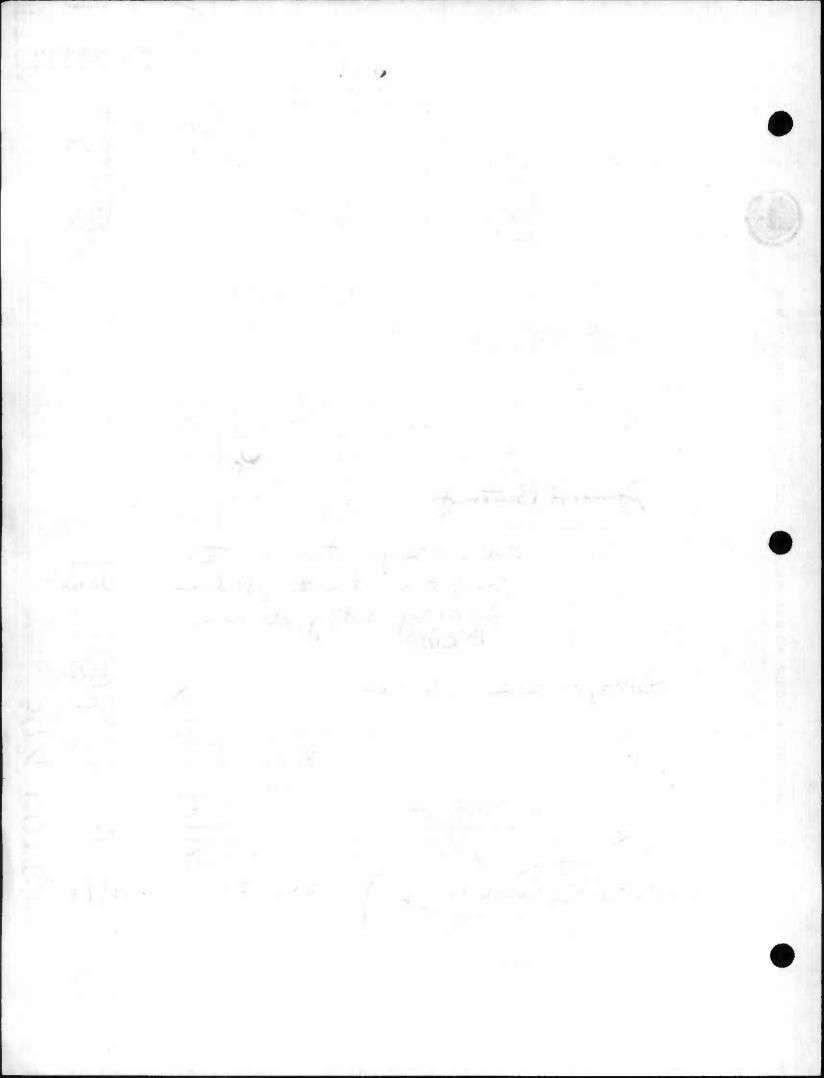
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

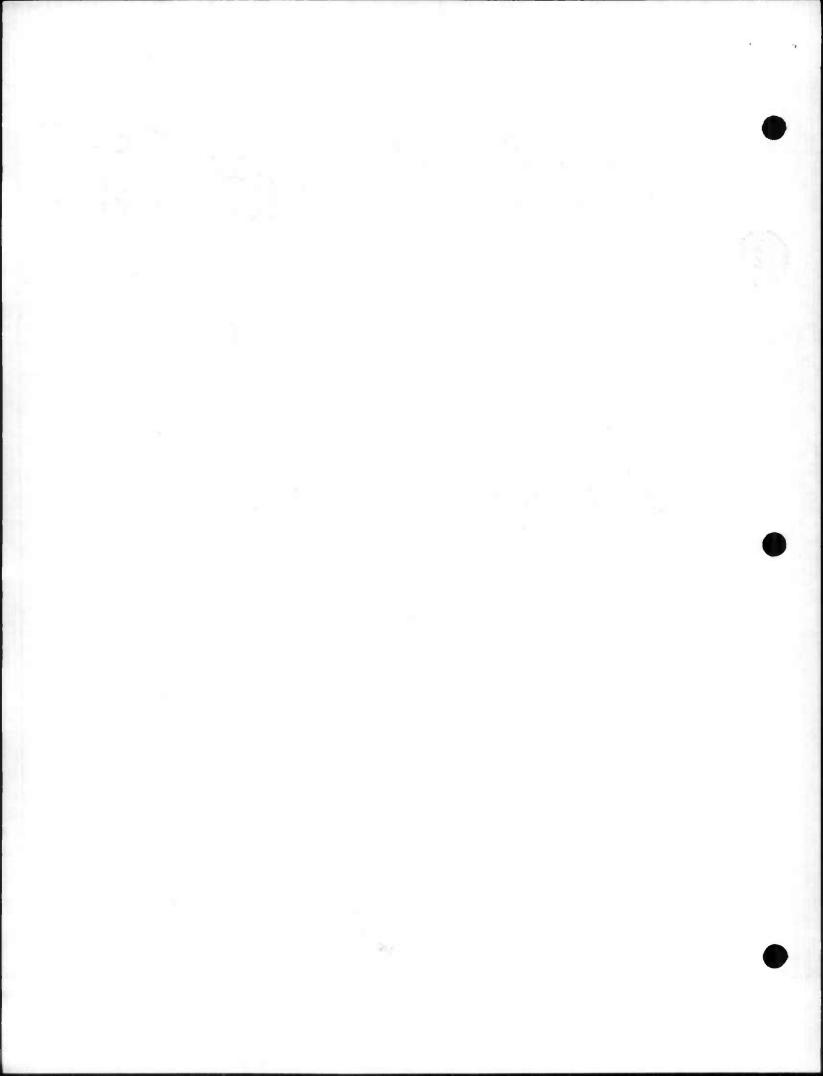
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DFC 2 8 '97

		FOR
1	-	STATE
_		REGISTRAR
	-	

•	1 - STATE REGISTRAR	OTTIL OF IMPL	CERTIF	ICATE OF	DEATH	REG. N	0.			
1	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	VEAR	3. TIME OF DEA	тн
,	Mae Anders	Butler				December	21, 1	992	8:30	P <sub>M</sub>
	4. SOCIAL SECURITY NUMBER 215 - 16 - 8283	5. SEX 6.	AGE (In yrs. leet birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH OCT 2, 1	919	919 Maryland		oreign
5	9e. FACILITY NAME (If not institution, give R.D. 2, Box 17B	street and number)	or location of di nne							
DIRECTOR	HESIDENCE OF DECEDENT  100. STATE  Maryland  Out	een Anne's		ry, town on Loca een Anne						Y ] NO
EHAL	100. STREET AND NUMBER R.D. 2, Box 17B			10	H. ZIP CODE 21657		10g. CITIZEN OF WHAT COUNTY United State			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	if yes, s		NIC ORIGIN? (Specify 1 an, Puerte Rican, atc.) ý:	ee or No	14. RACE Black Specifi Wh:	American Ind , White, atc. y: 1 te	len,
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		USUAL OCCUPATION Ork done during most of working a ratired.)  Home							
	17. FATHER'S NAME (First, Middle, Lest) DeCoursey - Anders Ivy Louise Weller									
TO BE	190. INFORMANT'S NAME (Type/Print) F George W. Butler	lusband				Route Number, City or R Anne, Mary			57	
	20e, METHOD OF DISPOSITION 1 (A Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	of cemetary, cremator Woodlawn			12/24 Eas	ocation			601
	21. SIGNATURE OF FUNERAL SERVICE L	Bart		Barto	n Funera					
N	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respectively.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF)								Approxin Interval E Onset an	Between ad Death
CERTIFICATION	Sequentially list conditions, if any, tanding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS ADONSEQUENCE OF):  DUE TO (OR AS ADONSEQUENCE OF):  DUE TO (OR AS ADONSEQUENCE OF):  DUE TO (OR AS ADONSEQUENCE OF):									
DICAL	PART II. Other aignificant condition	ons contributing to da	seth but not resulting	in the underlyi	ng cause given Ir		AN AUTOPSY ORMED? 2 NO	24b.	WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C					
	1 YES 2 TANO  27. MANUER OF DEATH  1- Netural 5 Pending	28a. DATE OF IN. (Month, Day,		ME OF 28c. If	me 5 N Residence	5 Other (Specify) 28d. DESCRIBE HOV	V INJURY O	CCURED	- DAT	
ED BY	2 Accident Investigation 3 Suicide 5 Could not b 4 Homicide determined	28e PLACE OF I	INJURY — At home, farm, c. (Specify)			281. LOCATION (Stre City or Town, Sta	et end Numbe	er or Rurel F	Route Number,	
COMPLETED	one) 2 MEDICAL EXAMI	SICIAN: To the best of m	201	1			and due to	the cause(e		
TO BE	296. SIGNATURE AND TITLE OF CENTER	legal	Ly 1	X	29c. LICENSE NO	SUP	29d. DA	12-2	2 92	/
	30. NAME AND ADDRESS OF PERSON V				wild Ave	., Easton	, Mar	yland	21601	L
	31. DATE FILED (Month, Day, Year)  NFC 2 8 '97	32. REGISTRAR	Saviason-Rand	all						

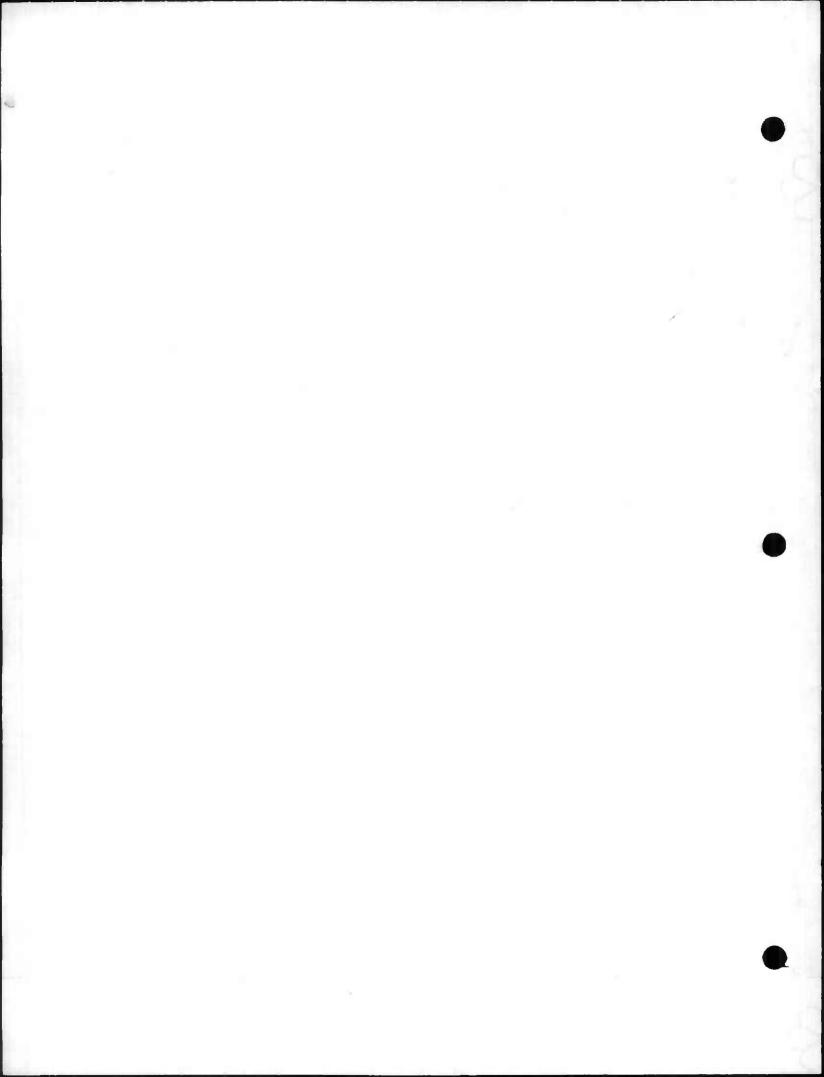




STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (FIN		Anne Bow	man	02.111			DEA		2. DATE OF I	DEATH DAY	30	42	TIME OF DEATH	
	4. SOCIAL SECURITY NUM 230-20-9779		5. SEX 1 M 2 1 F	8. AGE (In	yrs. last birthda YRS	) IF UNDE	DAYS	HOURS	R 24 HRS.	7. DATE OF B (Month, De 8/2/1	HRTH	_		ACE (State or Foreign	
TOR	9a. FACILITY NAME (II not Frederick	Memori		tal		1		town or location of Death  ederick  Frederic					Y OF DEA		
DIREC	RESIDENCE OF DE	10b. COUNT	derick			TOXVI		ATION						0d. INSIDE CITY LIMITS?	
FUNERAL	3826 Pete	3826 Petersville Road						101. ZIP CODE 21758					109. CITIZEN OF WHAT COUNTRY?		
B		1 Never Married 2 Married FORCES? 1 YES					2 NO If yes, specify Cuban, Mexican, Puerto Rica					or No— 1	4. RACE - Black, 1 Specify:	- American Indian, White, etc. White	
PLETED		CEDENT'S EDU nly highest grade (0-12)			(Give kind life. Do NO!	Ge. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Reach he a reach  CCOUNTING						STRY			
COMPL	Bookkeeper accounting  17. FATHER'S NAME (First, Middle, Last)  Samuel Frank Crupper Gertrude L. Williamson														
TO BE	190. INFORMANT'S NAME JOAnne Fin				and Numbe	r or Rural i	Route Number, C	ity or Town,	State, Zip C	ode)					
	20s. METHOD OF DISPOSE 1 C Burtal 2 Cremat 4 Donation 6 Oth	PLACE AND DAT	e of bispo	mete	iame of	1/4	DATE /93	Sui	ation – ch tland	, Md	, Stata				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY STAUFFER FUNERAL HOME, P.O. BOX 1819 Frederick, Maryland 21702  23. PART I. Enter the diseases or complications that caused the death Do not extent the mode of this caused the county of the co											1819			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  Approximata interval Between Onset and Death disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										4000				
DICAL CE	PART II. Other aignific										. WAS AN A	MED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE	
M									-	_   10	YES 2 {	S.No	0	F DEATH?	
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	FR/Output	tlent 3 🗆 DOA	OTHE	R:			neck only one)					
ву РНУ	27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending investigation	8a. DATE O		28b. 1	IME OF NJURY M	28c. IN	JURY AT ORK? YES 2 [		6 Other (Sp 28d. DESCRIE		JURY OCCU	RED		
TED	2 Culatet	Could not be determined	28e. PLACE ( building	OF INJURY - , atc. (Specif)	— At home, 1em	, street, 1ac	tory, offic	ce		281, LOCATION City or To	N (Street an wn, State)	nd Number or	Rurel Rou	rte Number,	
COMPLE			CIAN: To the best of											ind manner as stated,	
BE	29h SIGNATURE AND TITL	E OF CERTIFIE	2					29c. UC	ENSE NUI			29d. DATE 5	SIGNED (A	fonth, Day, Year)	
TO	30. NAME AND ADDRESS (	OF PERSON WH	O COMPLETED CAL	SE OF DEAT			7-	7~6		ic i	FL	dr-		Meg	
	31. DATE FILED (Month)	N4 1	99 32. REGISTR	AR'S SIGNAT	TURE										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within & hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4 Pon

31. DATE FILED (Month, Day 1997)

FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HI		MENTAL HYGIEN	_	70			
1. DECEDENT'S NAME (First, Middle SALLY	Last) ANN		111111111111111111111111111111111111111	SER	2. DATE OF DEATH	9 952	3. TIME OF DEATH 10:49 A M			
4. SOCIAL SECURITY NUMBER 223-66-3223	1 - m 2X- = 48	1 M 2 F 48 YRS. MONTHS			7. DATE OF BIRTH No. (Month, Day, Mear)	944	HTHPLACE (State or Foreign Suntry) Maryland			
FALLSTON GEN	ERAL HOSPITA	FALLST		EATH	HARFORD					
FALLSTON GEN RESIDENCE OF DECEDE 10a. STATE 10b. C Maryland	Harford -	11.00	town on Locate				10d. INSIDE CITY LIMITS? 1 AYES 2 NO			
100. STREET AND NUMBER 3001Rolling G	reen Drive		101.	ZIP CODE 21028		10g. CITIZEN OF WI				
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	Il yes, spe-	NDENT OF HISPAI city Cuben, Mexica NO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:		ACE — American Indian, Black, White, etc.			
15. DECEDENT (Specify only highest (Specify only highest Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, L	S EDUCATION ( grade completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	usual occupation ork done during mos retired.)	t of working			al Services			
Francis Raist	on Biser				ME (First, Middle, Maiden Measell	Sumame)				
2 Michael B. Net		196. MAILING 2345 Sc	ADDRESS (Street and outh Wol:	d Number or Piral Esnare C	ourt, Virg	inia Be	each, Va. 234			
1 Devial 2 Cremetion 3 G 4 Donation 6 Other (Specification Service) 21. SIGNATURE OF PINERAL SERV	CE LICENSEE  C. C. Sasford	MOOO21	22. NAME AND Kee	Jan PADORESS OF FA eney and East O	Basford F	uneral Freder	ick, Maryland			
23. PART I) Enter the disease shock, or heert for iMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or complications that ceuse liure. List only one cause on	ead line.	Diji	e of dying, suc	h as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events									
PART II. Other significent con	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 OF YES 2  NO								
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		26. PL/	CE OF DEATH (Ch	eck only one)					
25. WAS CASE REFERRED TO MEDI EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1  Netural 5 Pendin 2  Accident Investig 3 Suicide 6 Could	1   Inpatient 2 X ER/Out	28b. TIME INJU 92 9:5	OF 28c. INJU WOR 1 U YI	RY AT	6 Other (Specify)  28d. DESCRIBE HOW II  DRIVER I	N AUTO	)/DUMP TRUC			
3 Suicide 6 Could i	building, etc. (Spe	ON RO	AD			RD.&	WATERVALE			
	PHYSICIAN: To the best of my know AMINER: On the basis of examination						se(a) and manner as stated,			
286 SIGNATURE AND TITLE OF CE	toke N	v)		O.C.M.	0.000		NED (Month, Day, Year) 30 – 1992			

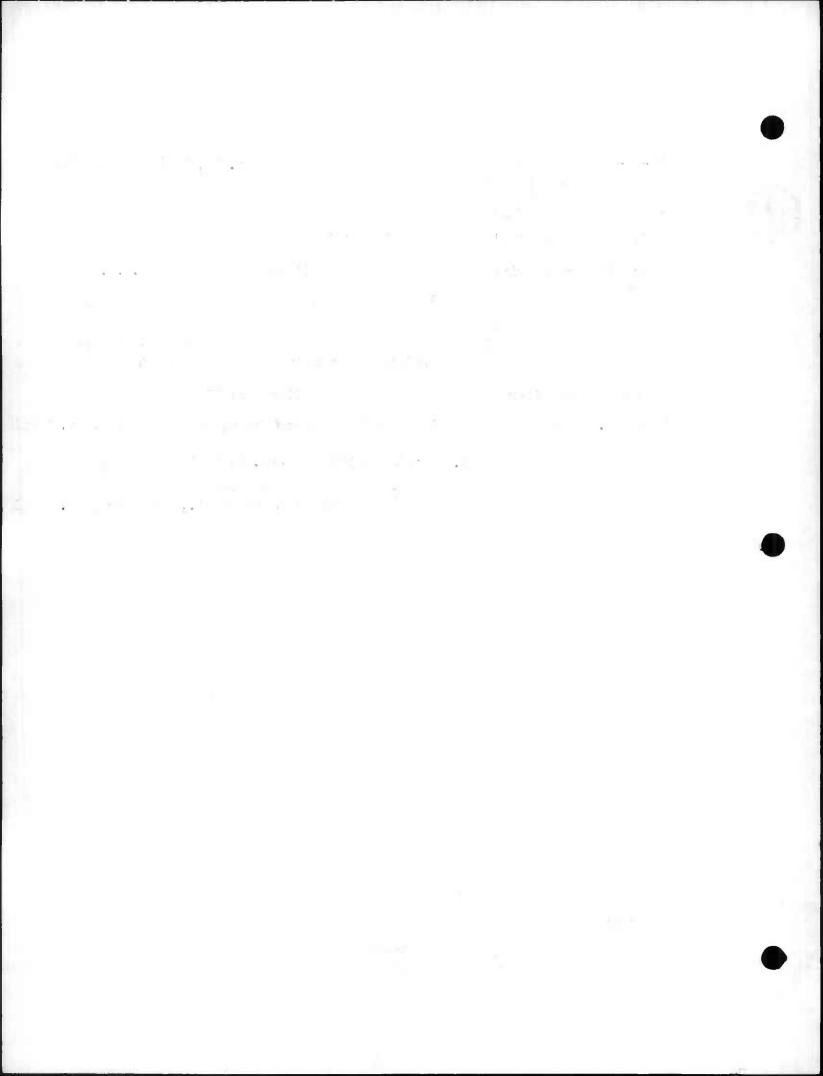
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Penn Street, Baltimore, Maryland

DHMH-18 Rev 1/89

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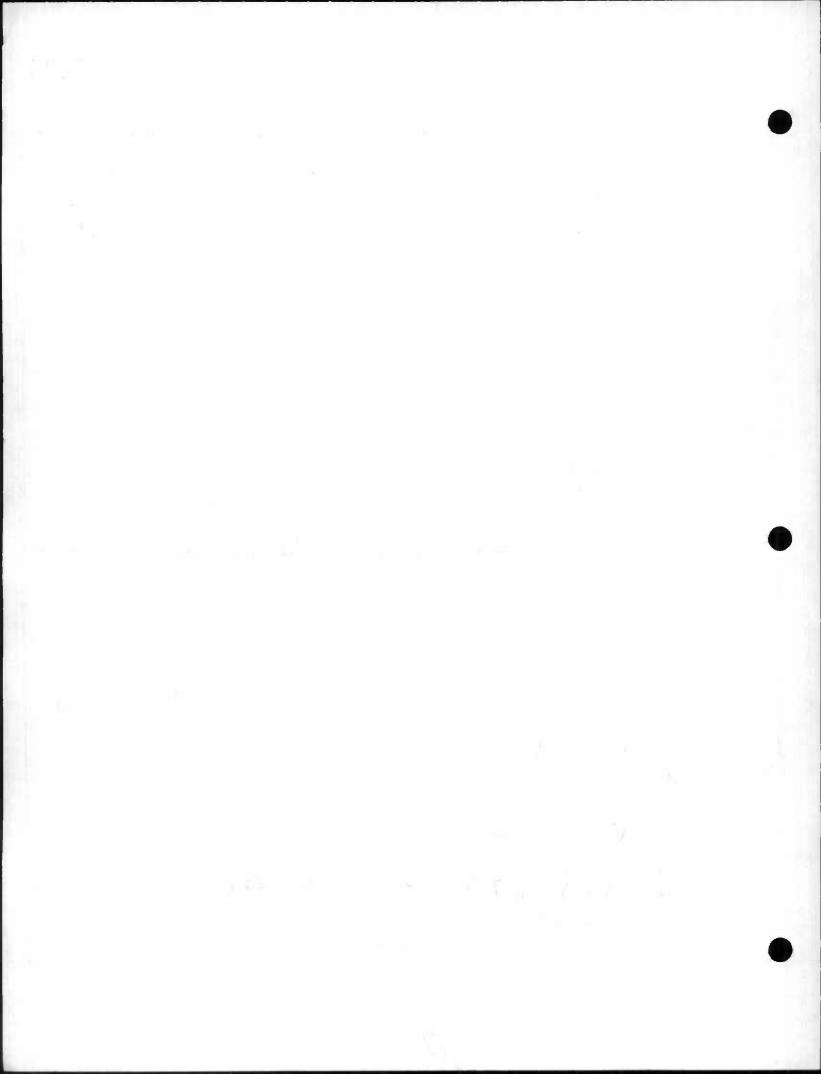
DR WILL

31. DATE FILED (Month, Day, Year)

JAN 1

9 1993

	REGISTRAR				12 01	DEATH		REG. NO			
i	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE (	OF DEATH	AY.	YEAR	3. TIME OF DEATH
- }	JOHN P			AMP	BE	77	DEC	- 14	119	22	07:40A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	MONT	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month,	Day, Year)	_	6. BIRTH Count	HPLACE (State or Foreign ry)
	241- 76- 9081	1 XM 2 F	45	YRS.		The Art.		H 19.1		N.C	
	~ ~					OR LOCATION OF E			9c. COU	NTY OF D	EATH
	RESIDENCE OF DECEDENT	YOSPI	147		E01	UMRD.	row		01	11	MARYS
	10a. STATE 10b. COUNTY		-	10c. CITY, TOV	N OR LOCAT	ION					10d. INSIDE CITY
	MD			LEONA	DTOWN	1					LIMITS?
i	10e. STREET AND NUMBER			10f, ZIP CODE					10g. CIT	ZEN OF V	WHAT COUNTRY?
FUNERAL	SAINT ANDREW CHURC	CH RD POS	ST OFFI	CE BOX	67	20650			U.	S.A.	
	11. MARITAL STATUS	12. WAS DECEDEND FORCES? 12	EVER IN U.S. A	RMED				(Specify Yes	s or No— 14. RACE — American Indian, Black, White, etc.		
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		1 YES 2 X NO Specific						Speci	My:
											WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)		ECEDENT'S USUA Give kind of work do b. Do NOT use retire	ne during mo	ON st of working	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 9th	College (1-4 or 5 +	,	int. di			IIC	NT A 3737	ATDC	D A Trim	DIU
	17. FATHER'S NAME (First, Middle, Lest)		IIId.	riic. ari	ector			NAVY		KAFI	DIA.
ı		CAMPBELL						ME (First, Middle, Maiden Surname)			
ı	19a. INFORMANT'S NAME (Type/Print)	MILL DELLE	19	b. MAILING ADDR	ESS (Street a		O MARIE BRILEY  Rural Route Number, City or Town, State, Zip Code)				
	RADNEY CAMPBELL	BROT				LITTLET				, 0000	
ı	20a. METHOD OF DISPOSITION			AND DATE OF DIS			DATE			City or To	rwn. State
1	20b. PLACE AND DATE OF DISPOSITION    Surisi 2   Cremation 3   Removal from State   20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)   SUNSET HILLS CEMETERY   LITTLETON, N.C.										
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									N N	C
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	L SUNS		22. NAME AN	ID ADDRESS OF F					.C.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	L_SUNS)		W.H.	BACON.	FUNERA	AL HOM	IE IN	c.	
	· W 1730	leon			2. NAME AN W.H. 3447	BACON.	FUNERAREET,	AL HOM	IE IN WASH	C. INGT	ON, D.C. 20
	21. SIGNATURE OF FUNERAL SERVICE LCE  23. PART I. Enter the diseases, or co shock, or heart failure. Li	emplications that	ceused the d	eath. Do not er	2. NAME AN W.H. 3447	BACON.	FUNERAREET,	AL HOM	IE IN WASH	C. INGT	
	23. PART I. Enter the diseases, or co ahook, or heart failure. Li	emplications that	ceused the d	eath. Do not er	2. NAME AN W.H. 3447	BACON.  14th ST de of dying, aud	FUNERA REET,	AL HOM N.W.	IE IN WASH	C. INGT	ON, D.C. 20 Approximate Interval Batweer Oneat and Death
	23. PART I. Enter the diseases, or co ahook, or heart failure. Li	emplications that list only one cause	ceused the de	eath. Do not er	2. NAME AN W.H. 3447	BACON.  14th ST de of dying, aud	FUNERA REET,	AL HOM	IE IN WASH	C. INGT	ON, D.C. 2(
	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition	emplications that list only one cause	ceused the d	eath. Do not er	2. NAME AN W.H. 3447	BACON.  14th ST de of dying, aud	FUNERA REET,	AL HOM N.W.	IE IN WASH	C. INGT	ON, D.C. 20 Approximate Interval Batweer Oneat and Death
	23. PART i. Enter the diseases, or conshook, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	proplications that list only one cause DUE TO (	ceused the de	eath. Do not er	2. NAME AN W.H. 3447	BACON.  14th ST de of dying, aud	FUNERA REET,	AL HOM N.W.	IE IN WASH	C. INGT	ON, D.C. 20 Approximate Interval Batweer Oneat and Death
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	23. PART I. Enter the diseases, or co shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	DUE TO (	ceused the dese on each line	eath. Do not er	2. NAME AN W.H. 3447	BACON.  14th ST de of dying, aud	FUNERA REET,	AL HOM N.W.	IE IN WASH	C. INGT	ON, D.C. 20 Approximate Interval Batweer Oneat and Death
	23. PART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (	coused the de on each line on each line on each line on each line on as a conse	eath. Do not er	2. NAME AN W.H. 3447	BACON.  14th ST de of dying, aud	FUNERA REET,	AL HOM N.W.	IE IN WASH	C. INGT	ON, D.C. 20 Approximate Interval Batweer Oneat and Death
	23. PART I. Enter the diseases, or conshock, or heart failure. Limited in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (	Coused the delegate on each line.  OR AS A CONSE	OUENCE OF):  OUENCE OF):	W. H. 3447  Ter the mo	BACON.  14th ST  de of dying, aud	FUNERA REET, ch se cerdi	AL HOM N.W. ec or reapi	IE IN WASH ratory arr	C. INGT	ON, D.C. 20 Approximate Interval Batweer Oneat and Death
	23. PART I. Enter the diseases, or conshock, or heart failure. Limited disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	Coused the delegate on each line.  OR AS A CONSE	OUENCE OF):  OUENCE OF):	W. H. 3447  Ter the mo	BACON.  14th ST  de of dying, aud	FUNERA REET, ch se cerdi	AL HOM N.W.	IE IN WASH ratory arr	C. INGT	Approximate interval Batweer Oneat and Death Health
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	23. PART I. Enter the diseases, or conshock, or heart failure. Limited in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (	Coused the delegate on each line.  OR AS A CONSE	OUENCE OF):  OUENCE OF):	W. H. 3447  Ter the mo	BACON.  14th ST  de of dying, aud	FUNERA REET, ch se cerdi	AL HOM N.W. oc or reapi	WASH ratory arr	C. INGT	Approximate interval Between Oneat and Death Health
	23. PART I. Enter the diseases, or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions	DUE TO (	Coused the delegate on each line.  OR AS A CONSE	OUENCE OF):  OUENCE OF):	22. NAME AN W. H. 3447 Rer the mo	BACON.  14th ST de of dying, aud	FUNERAREET, ch as cerdi	AL HOMN.W. ec or reapi	WASH ratory arr	C. INGT	ON , D.C. 20 Approximate interval Between Oneat and Death  Health  Were autopsy findings Amalable Prior To Cause DF Death?
	23. PART I. Enter the diseases, or conshock, or heart failure. Limmediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (	ceused the dole on each line OR AS A CONSE OR AS A CONSE OR AS A CONSE death but not a	OUENCE OF):  OUENCE OF):  OUENCE OF):	22. NAME AN W. H. 3447  Ref the mo	BACON.  14th ST  de of dying, aud	FUNERAREET, ch as cerdi	AL HOMN.W. ec or reapi	WASH ratory arr	C. INGT	ON , D.C. 20 Approximate interval Between Oneat and Death  Health  Were autopsy findings Amalable Prior To Cause DF Death?
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CE	ERTIFIC	ATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	*XX				Carter	2. DATE OF MONTH	DA	'9 ·	YEAR 1992	3. TIME OF OEATH  2:20 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t histoday) IE	UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE Of		7		IPLACE (State or Foreign
219-14-0155	1 🗆 M 2 💢 F			INTHE DAYS	HOURS MIN.	(Month, 1 12-2	0ay, Year) 19-19	19	Countr	rginia
9a. FACILITY NAME (If not Institution, give a	street end number)		96	b. CITY, TOWN	OR LOCATION OF DE				NTY OF D	
Merridan Nursi	ing, Cor	rsica H	ills	Cent	reville	9		Que	een	Annes
10a. STATE 10b. COUNT	Υ		10c. CITY, T	OWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Del. Kent	t		I	over						1 X YES 2 NO
10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITI	ZEN OF V	VHAT COUNTRY?
Briar Park					1990	1		US		
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED IO		CENDENT OF HISPAN pecify Çuban, Maxica			or No—	14. RACE Black	E — American Indian, k, Whita, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W			1 🗆 YES	3 2 XNO Specify	r:	,		Speci	
15. DECEDENT'S EDU (Specify only highest grade	CATION			UAL OCCUPATI		16b. K	UND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 -	life	Do NOT use re	t done during m etired.)	ost or working					
8			rse			Nu	rsin	ď		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
Charles F. Barl	ker				Elizah	eth	J. B	levi	ins	Barker
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING AD	DRESS (Street	and Number or Rural I					
Lloyd J. Carte		R	d 2 E	30x 23	32B Cent	revi	lle.			
20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	Chur	of disposition of the contract	ON (Name of ce $111$ C $\epsilon$	emetery, crematory or		20c. LOC			own, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 1			22. NAME A	ND ADORESS OF FA	CILITY				
+ Thomas Ki	All lan	la:			Helfenbe					es PA 106
23. PART i. Entar tha disaases, Dr	complications the	t caused the de	ath. Do not							Approximate
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disease or condition resulting in deeth)	a			CVL	/ ; K	1 C 1	1, 4	٠		9 mo
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Kniedman-Randell

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mains after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

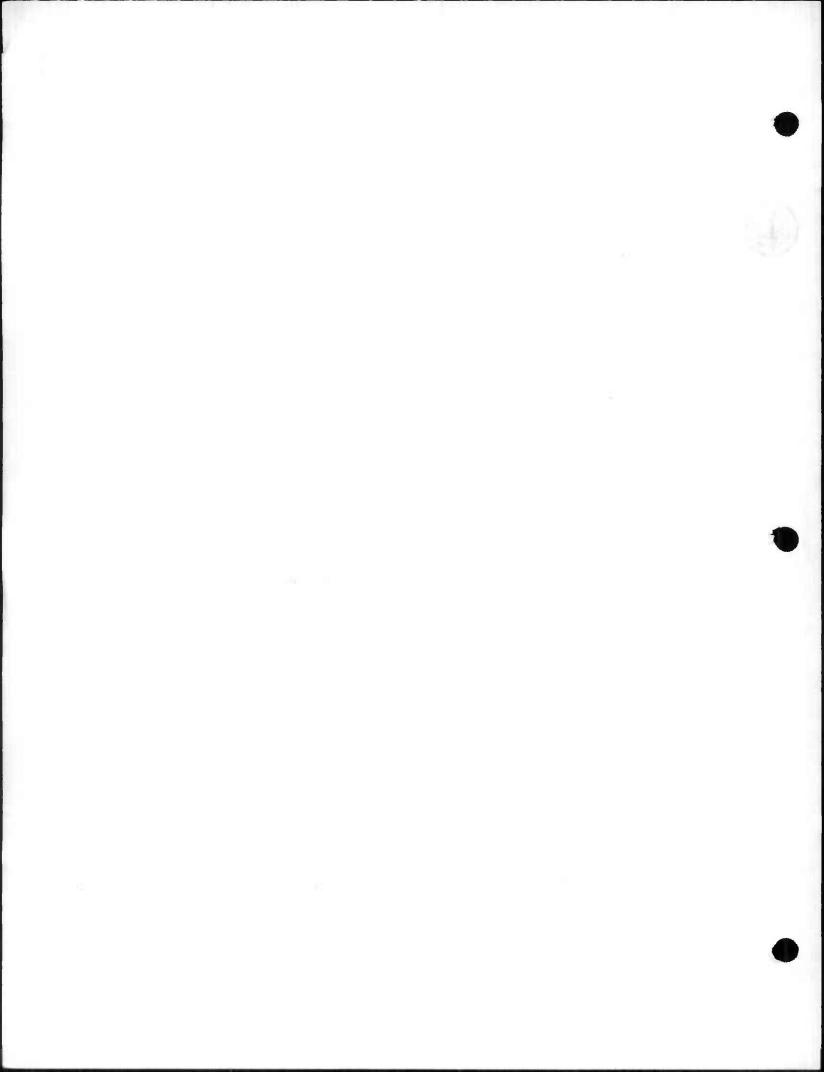
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

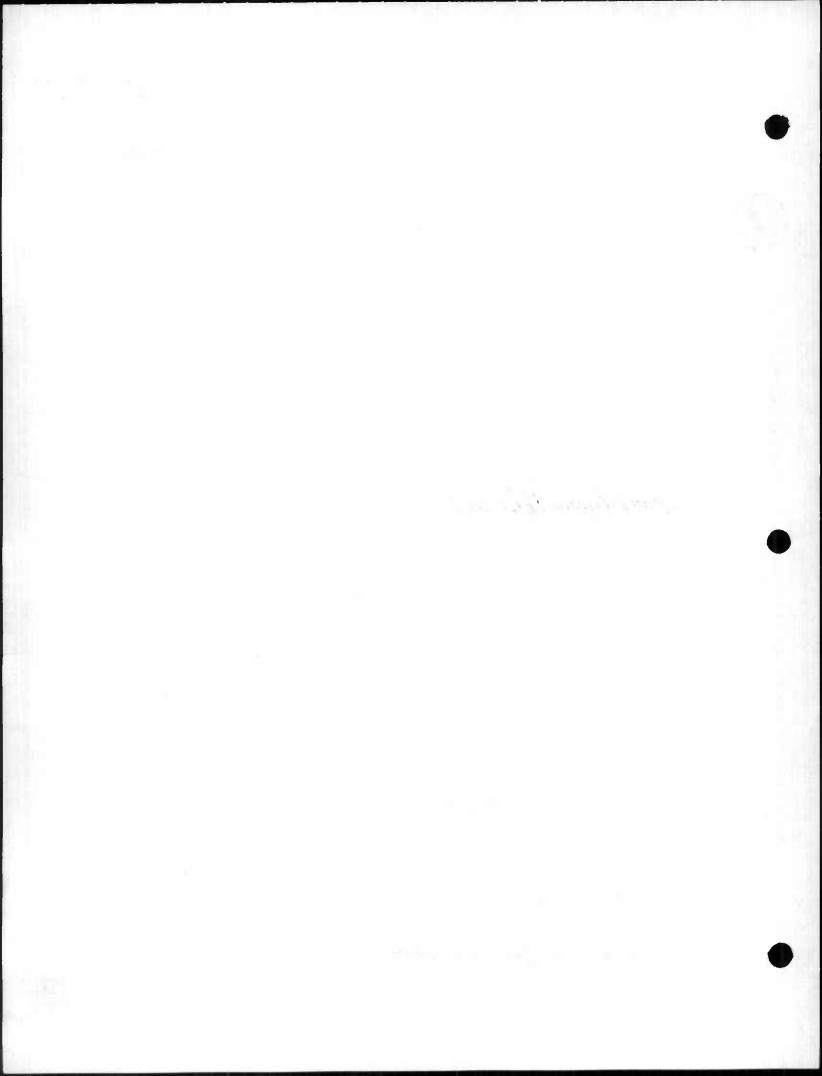
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



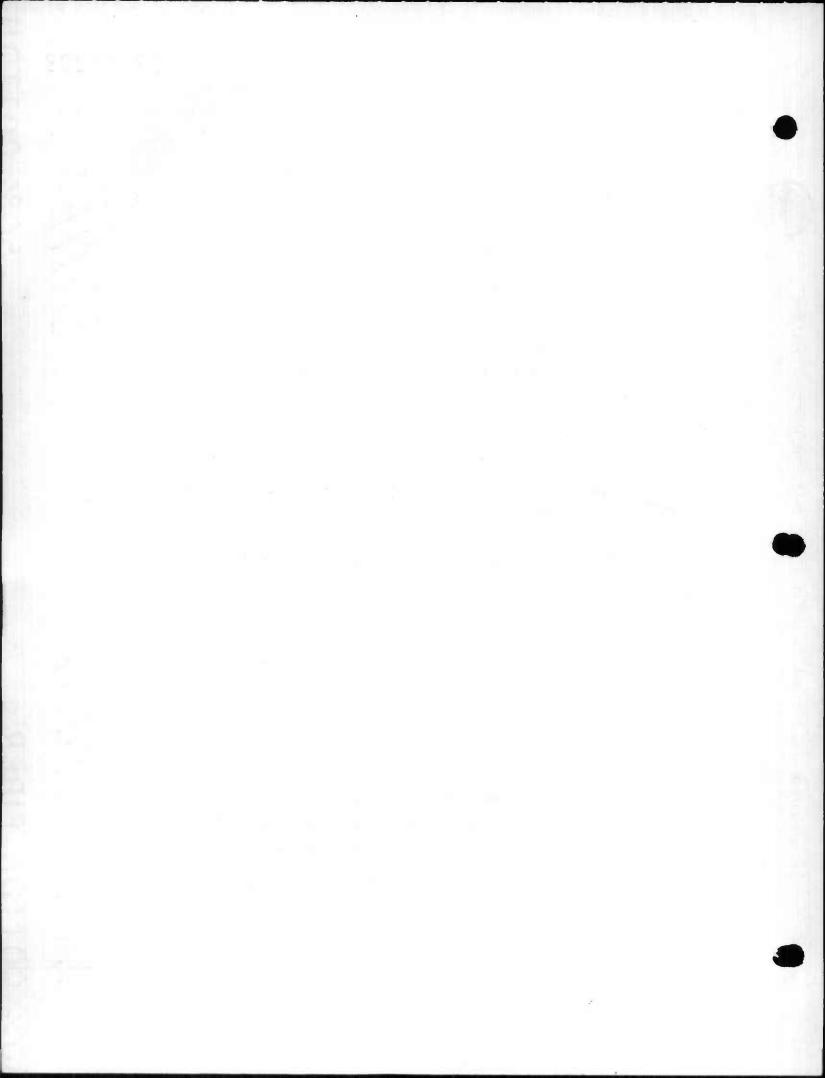
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TENDING PHYSICIAN: The law re
TENDING

	1 - STATE REGISTRAR	MANUE OF MARKET		ICATE OF		REG. NO		- 4 00100			
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  3. TIME OF DEATH										
	Helen	ce (	CONLEY	December :	YEAR						
		Constan	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		8. BIRTHPLACE (State or Foreign			
	232-10-0755	M 2 😿 F	78 YRS.	MONTHS DAYS	HOURS MIN.	Aug. 11,1	014	Country)			
	9a. FACILITY NAME (If not institution, give street a	and number)		OF CITY TOWN	20 1 00 1 10 10 10 10			West Virginia			
DIRECTOR	Homewood Retirement Center Frederick Frederick										
EC	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT								
E	Maryland Frederick			Frederi	10d. INSIDE CITY LIMITS?						
ابا	10e. STREET AND NUMBER	ICK			. ZIP CODE		T 40	1 1 YES 2 □ NO			
FUNERAL	1001 Carroll Parkway			100		U.S.A.					
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. AR  1 Never Married 2 Married FORCES? 1 YES 2 201			13. WAS DEC	NIC ORIGIN? (Specify Ye	14. RACE — American Indian					
B⊀		ATES	1 Tyes, sp	an, Puarto Rican, etc.) //y:	Black, Whita, atc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDI				
面		Hege (1-4 or 5 +)	(Give kind of a life. Do NOT us	work done during mo se retired.)							
Ā		2	Secreta	arial		Federa	al Gov	vernment			
ő	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S N	AME (First, Middle, Maiden		CLIMACITO			
BE (	Carl A. LOW	VID.			Nelle	W.	Lalle				
2	19a. INFORMANT'S NAME (Type/Print)  Mr. John A. Putnam.	TIT				Route Number, City or Tow					
	20a. METHOD OF DISPOSITION	205		OF DISPOSITION (No		ederick, Ma					
	1 X Burial 2 Cremation 3 Removal f 4 Donation 5 Other (Specify)	rom State cem	etery, crematory of or	ther place)  Vet Ceme	terv 12	2/29/92 Fr	reder i	ck, Maryland			
	21. SHINATURE OF FUNERAL SERVICE LICENSE	E		22. NAME AN	D ADDRESS OF F	ACILITY	CUCLI	ch, ikitytaiki			
	Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 21701										
	23 PART i Enter the diseases or some	TIEVSON	MUU/U6	106 E	ast Chur	ch St., Fr	ederi	.ck, MD 21701			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  Onset and Death										
CERTIFICATION	disease or condition resulting in death)  Outer To (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
TIFIC	CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):										
H	reaulting in death) LAST										
	PART II. Other significant conditions cor	ntributing to death by	if not requiting i	n the underlules	anne elve te	Bank I as supplied					
DICAL	PERFORMED?							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE			
밀						1 YES 2	( ) NO	OF DEATH?			
2								1 TYES 2 NO			
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL									
2		SPITAL:		OTHER:							
ž I		Inpatient 2 ER/Outpi	28b, TIMI			8 Other (Specify)					
	1 Netural 5 Pending	(Month, Day, Year)		URY WO	RK?	28d. DEŞCRIBE HOW II	NJURY OCCI	JRED			
B	2 Accident Investigation			M 1 YES 2 NO							
COMPLETED	3 Suicide a Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	treat, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
٦١	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the heat of my knowledge death assumed at the district of the district of the district of the heat of my knowledge death assumed at the district of the di										
N N	296. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
	206 SIGNATURE AND TITLE OF GERTRUIC										
BE	The or Centries	-11	A		D10E07			SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COM	114	140		D10587		cember 28,1992				
	George I. Smith, Jr	. M.D., 30	O West N	linth St	reet Fr	ederick M	arvla	nd 21701			
	George I. Smith, Jr, M.D., 300 West Ninth Street, Frederick, Maryland 21701  31. DATE FILED (Month, Day, Year)  DEC 28 1992 Julia Davydson-Randelle.										
	DEC ~ 0 1337	June villy ason	and la lance								



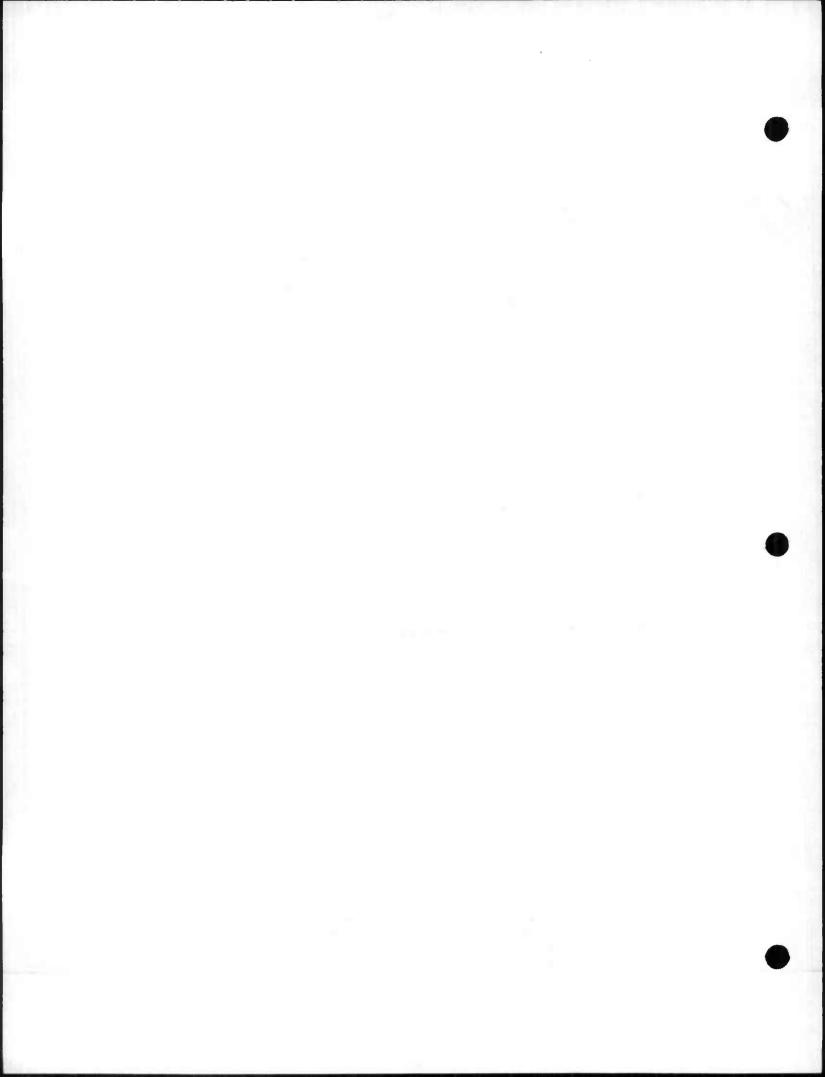
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	CATE	OF D	PEATH	REG. N	0.				
1. DECEDENT'S NAME (Firs	, Middle, Last)	JAMES RO	YSTON F	RALEY	SR.				DAY 27	YEAR 92	3. TIME OF DEATH 4:30 P		
4. SOCIAL SECURITY NUM 213-05-092		5. SEX	6. AGE (In yrs. I		IF UNDER 1 Y		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 1-18-19	5	Count			
			/	_					-		/land		
9a. FACILITY NAME (# not in 6920 Kelly	's Sto				Thurn		LOCATION OF DE	EATH		onty of deric			
RESIDENCE OF DE	10b. COUNT			1							1		
Maryland	Frede				mont	LOCATIO	N			3	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
6920 Kelly		ore Road					788			S.A.	WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Div		TEVER IN U.S. A YES 2 X MAR OR DATES	RMED NO	If yo		fy Cuban, Mexico	HIC ORIGIN? (Specify on, Puerto Ricen, etc.)	fee or No		14. RACE — American Indian, Black, White, atc. Specify: White			
	CEDENT'S EDI		16a. C	DECEDENT'S U Give kind of wo fe. Do NOT use	SUAL OCCU	UPATION ing most o	of working	166. KIND OF E	USINESS/II	NDUSTRY	***************************************		
12 years	0-12)	College (1-4 or 5	+}	ecurit									
17. FATHER'S NAME (First, I	Aiddle, Last)					1	6. MOTHER'S NA	ME (First, Middle, Meid	en Surname)				
Royston H.		y				_		. Angell					
190. INFORMANT'S NAME (								Route Number, City or 1					
James R. Fr				_							land 21788		
20a METHOD OF DISPOSI 1 N Burlel 2 Cremet 4 Donation 6 Othe		moval from State	other	p/ace)			Garder		cocation -		own, State Maryland		
21. SIGNATURE OF FUNER		CENSEE	1,1000	- WA CII	22. NAI	ME AND	ADDRESS OF FA	CILITY			_		
	_			_	Robe	ert	E. Dail	ey & Son	Fune:	ral H	Homes, P.A.		
Sequentisily list condi if eny, leeding to immicause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in deeth) LAI	diete ING ury	b	OR AS A CONS	EOUENCE OF)	:	4		uom A					
		d											
PART II. Other signific		PPPU de		1 Abo	~	Me	cause given in	PERF	AN AUTOPS' ORMED?	Y 241	b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED	TO MEDICAL					25. PLAC	E OF DEATH (Ch	eck only one)					
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	g Home	5 KResidence	6 Other (Specify)					
27. MANNER OF OEATH		28a, DATE OF	FINJURY	28b. TIME	OF 28	Bc, INJUR	Y AT	28d. OESCRIBE HO	V INJURY O	CCUREO			
2 Accident	Pending Investigation		Day, Year)	INJU	M		3 2 NO						
3 Suicide 6 4 Homicide	Could not be determined	25e. PLACE ( building	OF INJURY — At I , etc. (Specify)	nome, farm, st	reet, factory	, office		28f. LOCATION (Stree City or Town, Str	et and Numb ite)	per or Rurel	Route Number,		
enel								to the cause(s) end r			s) and manner so stated.		
296. SIGNATURE AND TITL	E OF CERNIFI	ER A	0 . /	20		2	9c. LICENSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)		
audie	NB	lado	elect	COUL	UM		D403	300	<b>•</b>	12-2	8-92		
30. NAME AND ADDRESS OF ANDREW Blos						ırmo	nt. Mar	yland 217	88				
							, IIGI	124114 211	30				
31. DATE FILED (Morith, Day	DEC	3 1 1992	Julia,	Vacydron.	Randa	02							



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Control of the Contro
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	1 - STATE REGISTRAR	SI	ATE OF I	MARYLAND C	/ DEPAI ERTIF						<b>(GIENI</b> G. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, CHESTER L	Lest) YNN	FOGLE							2. DATE OF D MONTH 12		199:	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-18-0695		M 2 🗌 F	6. AGE (In yrs. Ia	yrs.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day, 7 / 9 / 1	Year)		Country)	ACE (State or Foreign
10 R	Be. FACILITY NAME (If not institution, Frederick Me	moria		oital				eric.		EATH		9c. COUNT	y of DEA rede	
DIRECTOR	RESIDENCE OF DECEDER  10a, STATE  10b, C	ounty Frede	rick		10c, C/1	Thu	or locat							0d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	13816 Graceho	um Rd.					101	2 1	e 788		10g. CITIZEN OF W USA			AT COUNTRY?
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	. P	ORCES? 1	NT EVER IN U.S. ARMED  1 YES 2 X NO  WAR OR DATES  13. WAS DECENDENT OF HISPANIC II yes, specify Cuban, Maxican, P  1 YES 2 NO Specify:						in, Puerto Rican,				- American Indian, White, etc. White
COMPLETED	15. DECEOENT: (Specify only highest Elementary/Secondary (0-12)	grade comple		+)	ECEDENT'S Give kind of a. Do NOT u	EDENT'S USUAL OCCUPATION kind of work done during most of working to NOT use retired.) RMAN					Western Md. Rail			road
tugene rogle Emma rox														
10	Pauline R. Fogle 13816 Graceham Rd., Thurmont, Md. 21788													
	206. PLACE AND DATE DISPOSITION  1 DI Burdal 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE 05 FUNERAL SERVICE LICENSEE  20. PLACE AND DATE DF DISPOSITION (Name of general place)  Resultance of Funeral State  20. LOCATION — City or Town, State  Resultance of Funeral State  22. NAME AND ADDRESS OF FACILITY											ck, Md.		
	Handa	LICENSEE LICENSEE	2	nmer	)					RAL HON . 21702	(E, 1	P.O. 1	BOX :	1819
	shock, or heart failure. List only one cause on each line.												Approximate interval Between Onset and Death	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  d.													
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PRIVATORY  PERFORMED?  1 YES 2 NO  1 YES 2 NO										MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
YSICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 WD	HOS	SPITAL:			OTHE	R:			eck only one)				
	27. MANNER OF DEATH  1 Natural 5 Pending	1	28e. DATE OF (Month, D		28b. TIN		28c. INJ WO	URY AT		8 Other (Spe- 28d. OESCRIBI		JURY OCCU	RED	
TED B	2 Accident Investige 3 Suicide 6 Could n 4 Homicide determin	ot be	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, tact	ory, office	YES 2 ND  201. LOCATION (Street and Number or Rural Route Number City or Town, State)					te Number,	
BE COMPLETED BY PH	29a. CERTIFIER (Check only one) 1 CERTIFYING One) 2 MEDICAL EX													nd manner as stated.
TO BE C	296, SIGNATURE AND BITLE OF CEP	5	つか.					D 3	S43	13		Do	12	fonth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON	HA	SSE	N Mi	M 27) (Type	Prine) Fre	der	nch	rle	enviet	fto-	50.74	The	elevich, ND
	DEC 3 (Marith, Opt. Mari)	992	Fichia Da	14 don- Ra	ndell									



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OSP	UNE	ANT
HE	HE F	OFT
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but a standard harm the standard harm and flavoral Huriana prior to hurial companion or removal	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY

COMPLETED

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	io, Last)	OLITTI	ICATE OF	DEATH	REG. NO		3. TIME OF DEA		
Lillian Al						4 19	92 11:3		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8	. BIRTHPLACE (State or I		
217-76-1859	1 □ M 2X□XF	82 YRS.	MONTHS DAYS	HOURS MIN.	03-09-1	910	Maryland		
9a. FACILITY NAME (If not institution	n, give atreet and number)		9b. CITY, TOWN	OR LOCATION OF C	DEATH	9c. COUNT	Y OF DEATH		
1622 Little			Chest	er		Quee	n Annes		
T	COUNTY	10c, C/1	TY, TOWN OR LOCA	TION			10d. INSIDE CIT		
Maryland	Queen Anne	s	Chester				1. YES 2		
10e. STREET AND NUMBER									
1622 Little				21619		US			
11. MARITAL STATUS  1 Never Married 2 Marri	FORCES?	NT EVER IN U.S. ARMED	If yes, sp	ecify Cuban, Mexic	NIC ORIGIN? (Specify Ye en, Puerto Ricen, etc.)	s or No 14	4. RACE American Inc Black, White, etc.		
Widowed 4 □ Divorced	IF YES, GIVE	WAR OR DATES	1 TYES	2XXX0 Spec	My:	- 20	Specify:White		
	T'S EDUCATION est grade completed)	16e. OECEOENT'S	S USUAL OCCUPATION	ON pel of working	16b, KIND OF BU	SINESS/INOU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+) life. Do NOT u	work done during mouse retired.)	ast or working					
8		Housev	vife						
17. FATHER'S NAME (First, Middle,				16. MOTHER'S N	AME (First, Middle, Maiden	Surname)			
James Albe:		Lucy Jones Roe  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Marilyn G.									
		20b. PLACE AND DAT			Rd. Graso				
20a, METHOD OF DISPOSITION  **Surfel 2   Cremetion 3  4   Donetion 5   Other (Spec		of cemelary, cremator Stevens	y or other place)	Cemeter	y12/29 S	teven	sville.		
21. SIGNATURE OF FUNERAL SEI	VICE LICENSEE		22. NAME A	ND ADDRESS OF F	ACILITY				
1 / homas	V Hell	he.			pein Fune				
23. PART I. Enter the disect	es, or complications th	at coused the death. Do	not enter the me	COCK RO	ch as cardiac or reap	Iratory arre	it, Approxi		
	fellure. List only one ce	use on each line.					Interval Onset a		
		1 11.	•				100		
IMMEDIATE CAUSE (Finel disease or condition	. \6	My Cyl Veni	1 1						
IMMEDIATE CAUSE (Finel	a. DUE TO	OR IS A CONSEQUENCE	OF):						
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	C b.	10.77	OF):						
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	b. Oue To	O (OR AS A CONSEQUENCE O	OF):						
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO	O (OR AS A CONSEQUENCE (							
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	10.77							
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO cDUE TO d	O (OR AS A CONSEQUENCE O	OF):						
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bOUE TO cDUE TO d	O (OR AS A CONSEQUENCE O	OF):	ng ceuse given le		A AUTOPSY	24b. WERE AUTOPSY AMILABLE PRIO		
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO cDUE TO d	O (OR AS A CONSEQUENCE O	OF):	ng couse given le		RMED?			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO cDUE TO d	O (OR AS A CONSEQUENCE O	OF):	ng couse given l	PERFO	RMED?	AMILABLE PRIO		

4 Homicide

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 1 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) HOSPITAL:
1 | Inpatient 2 | ER/Outp nt 3 🗆 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigat 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide

1 🙇 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the tima, date end place, end due to the cause(e) end manner as stated.

2 MEDICAL EXAMINER: On the basic of

29c. LICENSE NUMBER

100575

30. NAME AND ADDRESS OF WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

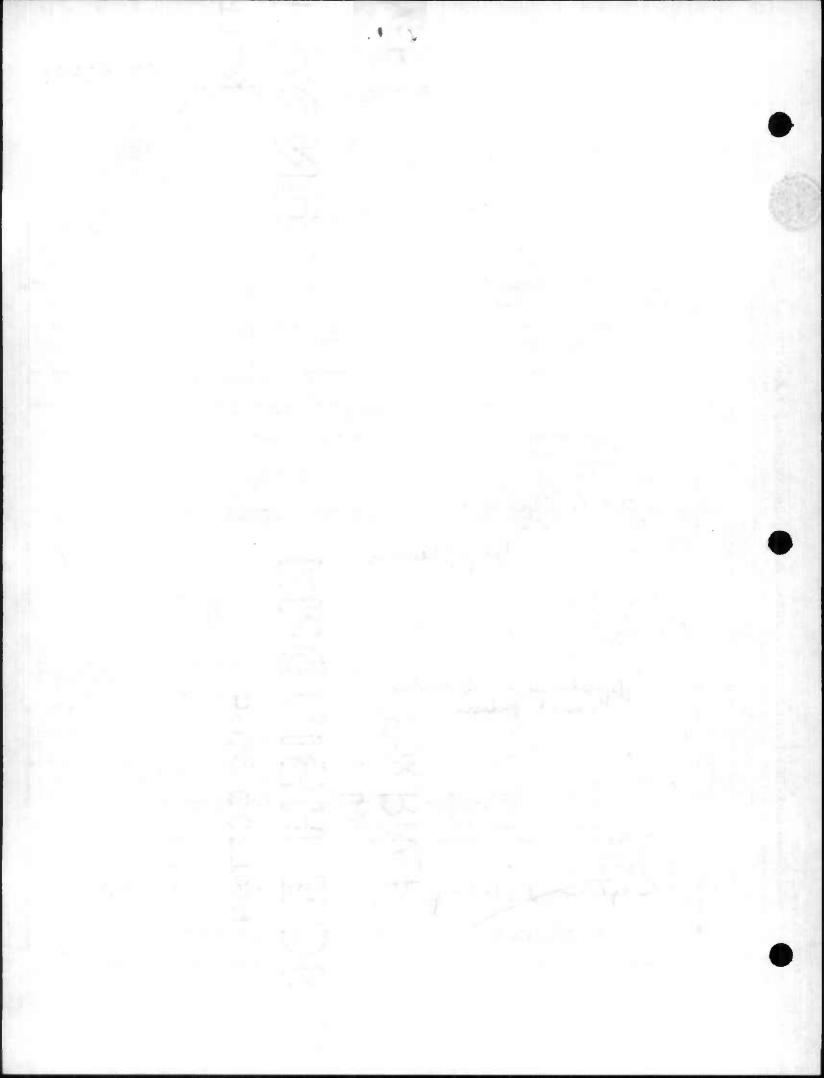
Ralph Libby

31. DATE FILED (Month, Day, Year)

HATURE AND TITLE OF CERTIFIER

s signature 32. REGISTRAR'S SIGNATURE

29d. DATE SIGNEO (Month, Day, Year)



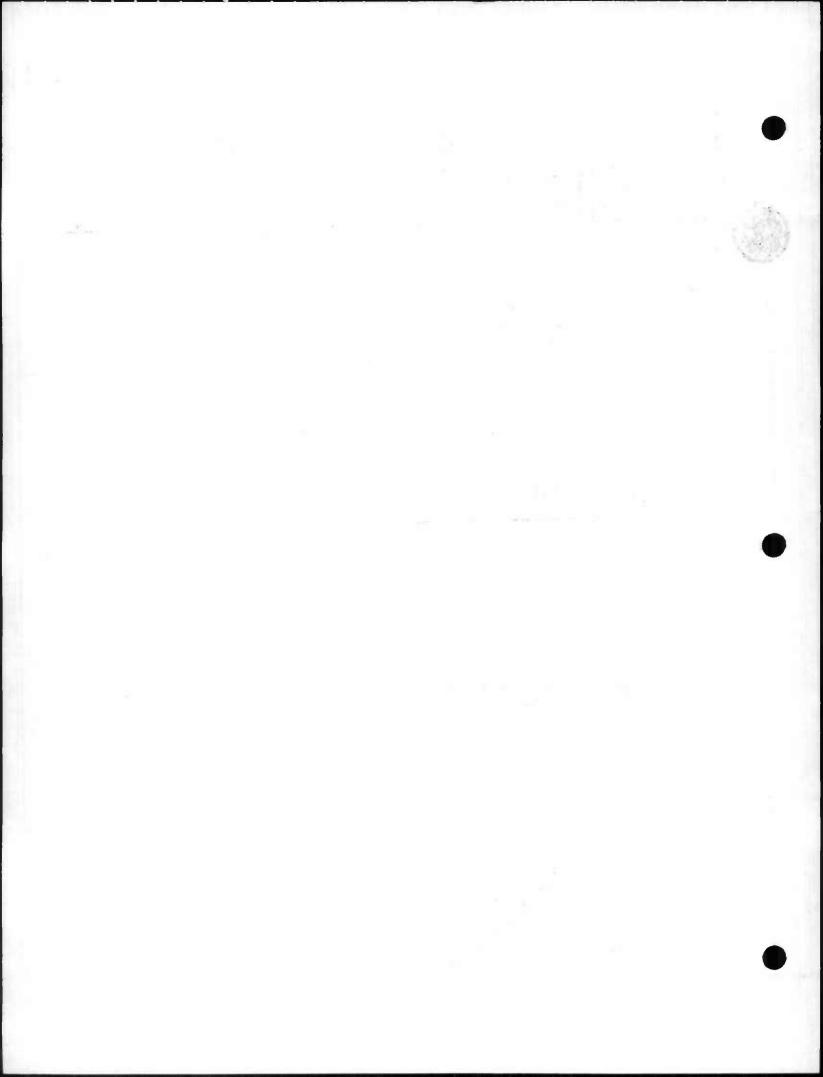
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit no	d in by the funeral director, page 5 should be detached for use as the burial-transit or	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	or removal,	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.	

1	1. DECEDENT'S NAME (First, Middle, Lest)	Victor	ia L.	Jack	son				2. DATE OF DEATH MONTH D. NOV. 19	, 199	YEAR	. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	it birthday)	IF UNDER	R t YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	-	8. BIRTHPI	LACE (State or Foreign	
	218-10-6314	1 🗌 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	0570870	8	Mar	yland	
	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY	r, TOWN (	OR LOCAT	ION OF DE			TY OF DEA		
8	Dorchester Mem	orial H	ospita:	1	C	amb:	ridg	ge		Do	rche	ster	
팅	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT			I									
DIRECTOR	Maryland Do	rcheste	r	10c, C1	Y, TOWN	OR LOCA	TION	Н	urlock		Od. INSIDE CITY LIMITS?  YES 2 \ \ NO		
FUNERAL	10e. STREET AND NUMBER 4710 B	ack Str	eet			101	f. ZIP COL		643		S A	AT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR	MED VO	13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican				NIC ORIGIN? (Specify Yer in, Puerto Rican, etc.)		14. RACE -	4. RACE — American Indian, Black, White, etc.	
) BY	3 Widowed 4 Divorced	IF YES, GIVE V						Specify	y:		Specify:	Black	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  6th  Acme Cannery  16. MOTHER'S NAME (First, Middle, Last)  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Food Processing  16. MOTHER'S NAME (First, Middle, Maiden Surname)									JSTRY			
APLE										g			
00													
	Howard Matthews Jane Brown												
190. Informant's Name (TyperPrint)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)  4710 Back St., Hurlock, MD 21643													
	20s. METHOD OF DISPOSITION 1	oval from State	cemetery, cre	AND DATE	of DISPOS	SITION (Na	eter	v	1	cation — c			
	21. SIGNATURE OF FUNERAL SERVICE LI				22.	NAME A	ND ADDR	ESS OF FA					
	Muhaif 7. 8				P	O Bo	ox 4	13,	wkins-Es Federals	burg,	, MD	ral Home 21632	
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the List only one ceu	it caused the de ise on each line	eth. Do	not enter	the mo	de of dy	ring, suci	h as cardiac or respi	Iratory arm	eat,	Approximata interval Between	
	IMMEDIATE CAUSE (Final disease or condition	0	0.0	1	(0.	Ro	ha			Onset and Death			
	disease or condition resulting in death)  a.   DUE TO (OR AS A CONSEQUENCE OF):										patricor 5		
NO	Sequentially list conditions,  DUE TO (OR AS A CONSCOUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	DUENCE C	F):							i	
E	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	DUENCE O	F):							<u> </u>	
E	resulting in death) LAST	d		_									
	PART II. Other significent condition	ns contributing to	death but not r	esultina	In the ur	nderlyin	O CRUSA	alven in	Part I. 24e, WAS AN	AllTopev	245.16	PERE AUTOPSY FINDINGS	
EDICAL	the contact	- 1	ludger	Ca			g cadeo	given in	PERFOR	RMED?	A	MAILABLE PRIOR TO	
윤	afol al.	00							1 _ YES 2	. NO		F DEATH?	
ä									_				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF	DEATH (Ch	eck only one)				
YSI	1 YES 2 NO		ER/Outpatient 3	□ DOA	4 Nur		10 5 🗆 R	lasidence	6 ☐ Other (Specify)				
ВУ РН	27, MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, E		26b. TIR IN	IE OF JURY M		URY AT ORK? YES 2	□ NO	28d. DESCRIBE HOW I	NJURY OCC	URED		
8	3 Suicide 6 Could not be detarmined	28e. PLACE Coulding.	F INJURY — At ho etc. (Specify)	me, farm,	street, faci	tory, offic	•		281. LOCATION (Street ( City or Town, State)	and Number o	or Rural Rou	ite Number,	
COMPLET	29a. CERTIFIER (Check only	ICIAN: To the bast of	my knowledne de	ath occur	ed at the t	time data	and elec	and 4	to the councies and	mer se stat-	d		
MC	(Check only one) 2 MEDICAL EXAMINE											and manner as stated.	
ECC	296. SIGNATURE AND TITLE OF CERTIFIE		_					ENSE NUM				forith, Day, Year)	
00	Hubut 9	hun	8				7	22	זרו	<b>&gt;</b> /	/25/6	( )	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CH	SE OF DEATH (ITE	M 27) (7)ps	Print)	44.0		00	-0.4	2	16		

32. AEGISTRAN'S SIGNATURE

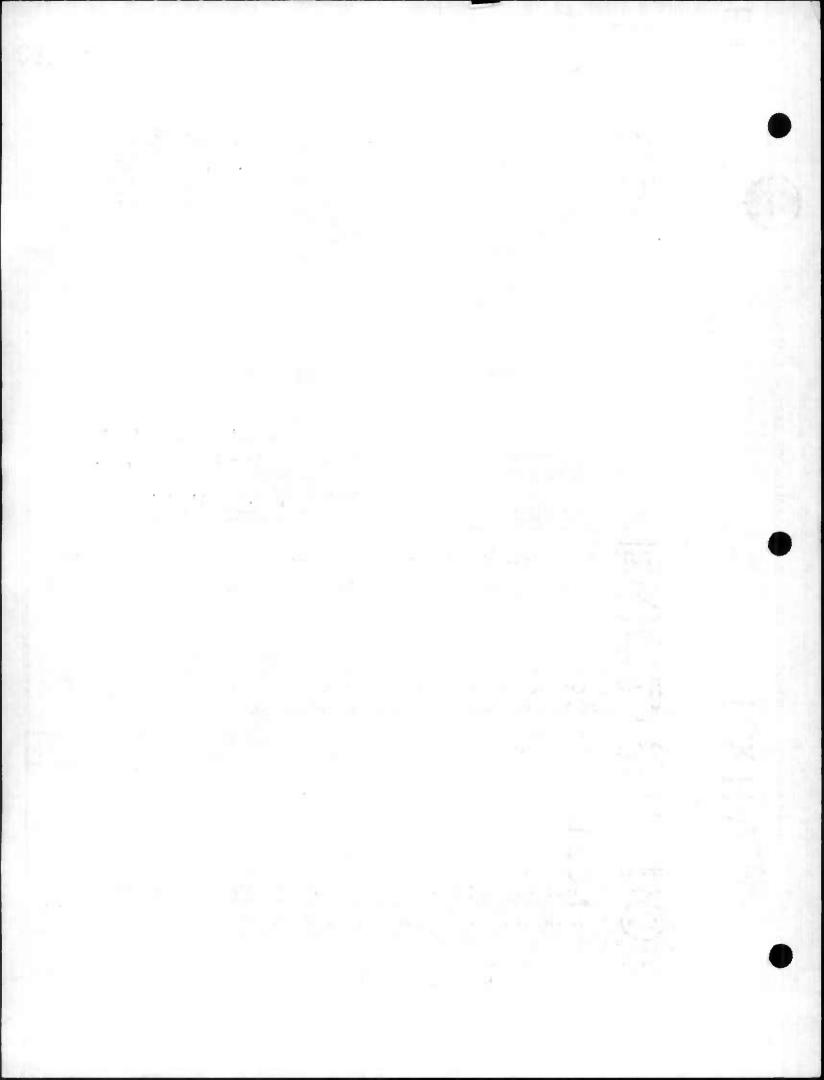
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1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HY
1. DECEDENT'S NAME (First, Middle, Last)  EMMA  J	JACKSON Emma J. Jackson	2. DATE OF DE MONTH

A SOCIAL SECURITY NUMBER 219-07-3809  1	NSIDE CITY JMITS? YES 2 NO POUNTRY?							
S. SEX 19 - 07 - 3809   S. SEX 1   M 2   ZF   88   WANTING   PUNCER 174   FUNCER 17	NSIDE CITY JMITS? YES 2 NO POUNTRY?							
DORCHESTER GENERAL HOSPITAL  CAMBRIDGE  DORCHESTER  106. CITY, TOWN OR LOCATION RHODESDALE  107. STATE 108. COUNTY ND OR CHESTER  108. STATE 109. COUNTY ND OR CHESTER  109. CITIZEN OF WHAT CO USA  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 VES 2 NO 11 VES 2 NO	YES 2 NO COUNTRY?							
100. STREET AND NUMBER 4758 MAIDEN FOREST ROAD  11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 1 Never Merried 2 Married 13. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—FORCES? 1 YES 2 NO 11. YES 2 NO 12. WAS DECEDENT SEQUENTIAN OR DATES 13. WAS DECEDENT'S EQUENTIAN OR DATES 14. RACE - ARMED IT YES, appectly Culben, Mexican, Puerto Rican, etc.) 15. DECEDENT'S EQUENTIAN OR DATES 16. MOTHER'S NOME (First, Middle, Mexican, Puerto Rican, etc.) 16. KINO OF BUSINESS/INDUSTRY 16. KINO OF BUSINESS/INDUS	YES 2 NO COUNTRY?							
100. STREET AND NUMBER 4758 MAIDEN FOREST ROAD  11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. MARITAL STATUS 1 Never Merried 2 Married 13. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 11. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—FORCES? 1 YES 2 NO 11. YES 2 NO 12. WAS DECEDENT SEQUENTIAN OR DATES 13. WAS DECEDENT'S EQUENTIAN OR DATES 14. RACE - ARMED IT YES, appectly Culben, Mexican, Puerto Rican, etc.) 15. DECEDENT'S EQUENTIAN OR DATES 16. MOTHER'S NOME (First, Middle, Mexican, Puerto Rican, etc.) 16. KINO OF BUSINESS/INDUSTRY 16. KINO OF BUSINESS/INDUS	nericen Indian.							
1	nericen Indian, e, atc.							
190. INFORMANT'S NAME (Type/Print) GERALDINE DENNIS  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4760 MAIDEN FOREST ROAD, RHODESDALE, MD.  200. METHOD OF DISPOSITION 190. Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS of FACILITY  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, anock, or heart feliure. List only one cause on each line.								
19e. INFORMANT'S NAME (Type/Print) GERALDINE DENNIS  19b. MAILING ADDRESS (Street and Number or Paral Route Number, City or Town, State, Zip Code) 4760 MAIDEN FOREST ROAD, RHODESDALE, MD.  20e. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  DATE 100 PLACE AND OATE 0 DISPOSITION (Name of Disposition Name of DATE 100 PLACE AND OATE 100 PLACE AN	469							
GERALDINE DENNIS  196. MAILING ADDRESS (Street and Number of Pural Route Number, City or Town, State, Zip Code)  4760 MAIDEN FOREST ROAD, RHODESDALE, MD.  20e. METHOD OF DISPOSITION 19 Burlal 2 Cremetion 3 Removal from State 10 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSÉE  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feliure. List only one cause on each line.								
22. NAME AND ADDRESS OF FACILITY  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert feiture. List only one cause on each line.	21659							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feliure. List only one cause on each line.								
ahock, or heert feliure. List only one cause on each line.	X 920							
disease or one different	Approximate Interval Between Onset and Deat							
OUE TO (OR AS A CONSEQUENCE OF):  Generalized atherosclerosis  A Thoro a Chouse  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury)								
that initiated events resulting in death) LAST  d.								
MULTIPLE STAGE 4 DECUSITUS ULCORS,  PERFORMED?  1 YES 2 NO OF DEL	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 \( \text{NO}\)							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  DOTHER:								
M 1 VES 2 NO								
2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)	lumber,							
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and my opinion.	manner ee stated.							
29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNEO (Month, Date of Death (ITEM 27) (Type, Print)	n, pay, Year)							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (TYPO, PHIN)  MICHAEL A. MUSKEDICZ ND, 503 1348W ST. CAMBADE  31. DATE FINED (MONTE) DECHARS DECHARS SIGNATURE DE								



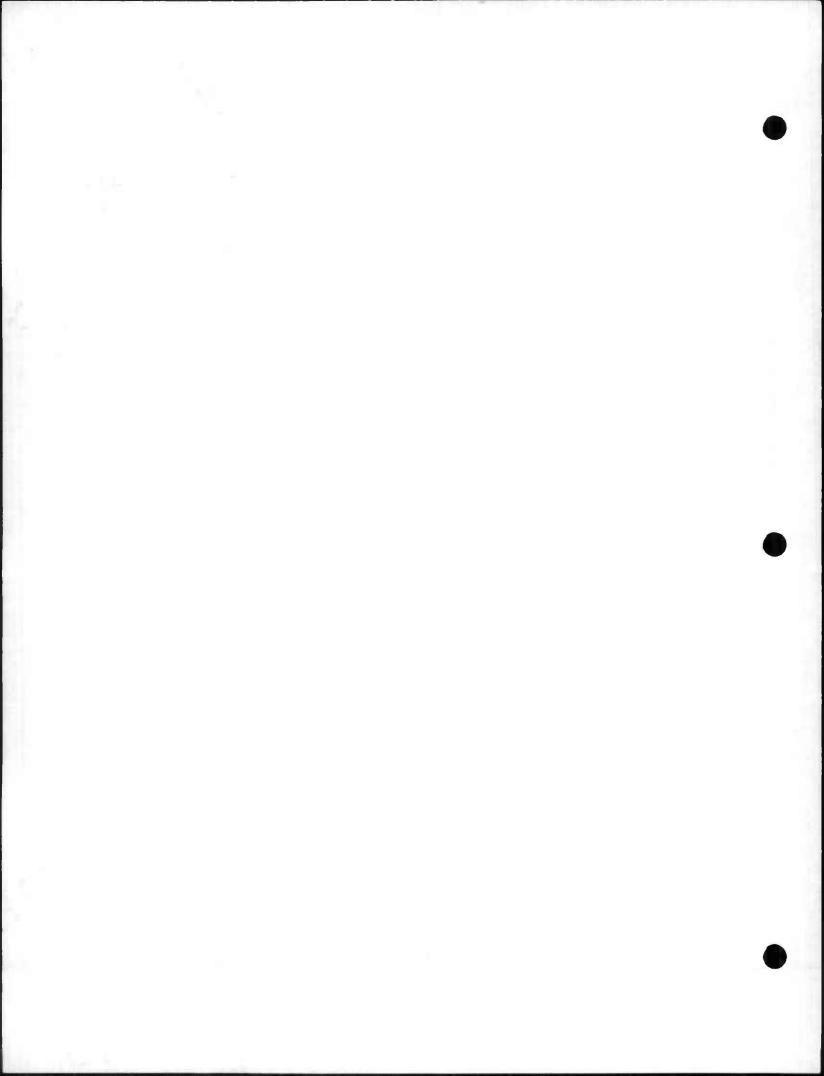
After this certificate has been signed by the attending physician and completely filled in by the funeral director,		
Moneral		
Dy The	Jeath with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
2	20	
Tille	ilon,	
Dietery	сгета	
D COL	unial,	
E	9 0	
SICIAL	prior	
od Bui	rgiene	
arrend	ntal H	
age E	Me	ì
5	and	
Signed	Health	
See	0	
Hals	Dept	
alega.	State	
Cert	the	
SIL	with	
Allei	death	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ENIIF	ICALE	OF DE	AIH		REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, L	_	W					MONT	OF DEATH	AY	YEAR	. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	Frances Lo							. 25,	1992		0:50 P. M	
	215-26-8468	5. SEX	8. AGE (In yrs. Is	YRS.	MONTHS D	EAR IF U	PRS MIN.	7. DATE (Mont)	of BIRTH	1916	6. BIRTHPL Country)	ACE (State or Foreign	
	9s. FACILITY NAME (If not institution, g	tive street and number)			9b. CITY TO	MW OR LO	CATION OF DE		. 20,				
Œ	Northampton Ma		Homo			eder		EATH		9c. COUNTY OF DEATH Frederick			
5	RESIDENCE OF DECEDEN	HOL MOLDIN	3 none		F	.eder	ICK			1	rede	rick	
EC	10e. STATE 10b. CO			10c, CIT	Y, TOWN OR	Lu	M Meine out						
DIRECTOR	Md.	Frederick	c			ldlet	own			10d. INSIDE CITY LIMITS?  1 No See 2 No			
4	10e, STREET AND NUMBER					101. ZIP	CODE			10g. CITIZ	EN OF WH/	AT COUNTRY?	
FUNERAL	114 W. Main St						2176	59					
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT	YES 2	RMED	13. WA:	DECENDE	NT OF HISPAN Cuben, Mexice	NIC ORIGIN	? (Specify Yes	or No-	14. RACE -	American Indian, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W					NO Specify		tican, etc.)		Soocily: White		
LED	15. DECEDENT'S (Specify only highest of	EDUCATION grade completed)	0	e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most			vodkina	16b.	KIND OF BU	SINESS/INDU			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	clerk					rets	ail st	ore			
NO	17. FATHER'S NAME (First, Middle, Last					140.4	MOTHERIO MA	ME (5) 1			JULE		
BE C		ayton Kefau	wer	18. MOTHER'S NAME (First, M. Lucretia Na							rley		
TO B	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State,									n, Stata, Zip (	Code)		
	Calvin H. Cob	Lentz		E. Joppa Rd., Towson, Md. 21286									
	1 XBurlet 2 Cremetion 3 1 1 4 Donation 5 Other (Specify)	Removal from State			Ceme to				12/28 Middletown, Md.				
	21. SET MATURE OF FUNERAL SERVICE	LICENSEE			22. NA	E AND AD	DRESS OF FA	CILITY					
	March of	MADOL			31	T M	B. Tho ain St	. M	: 441 -4		MJ	21769	
	23. PART I. Enter the diseases,	or complications that	ceused the d	eath. Do r	not enter the	mode of	dying, suci	h as cerd	iac Dr reepi	ratory arre	st.	Approximate	
	iMMEDIATE CAUSE (Finel	ire. List phly one caus	se on each iin	е.								Interval Between	
	disease or condition	Po	0.			).co.						Onset and Death	
	resulting in death)	a	TI KIN	7 00 5		101/	125						
		a. Due to (	CA CONSE	OUENCE OF	r):	1	~	1					
CERTIFICATION	Sequentielly list conditions,	b. DUE TO	OR AS A CONSE	- C	1/1500	LAAA	- 6	117 84	tre				
A	if any, leeding to immediate cause. Enter UNDERLYING			OULIVOL OF	1.							i	
유	CAUSE (Disease or Injury	C	OR AS A CONSE	OHENCE OF	n.								
Ē	that initiated events resulting in death) LAST	10 (	OII AS A CONSE	OVERCE OF	7;								
<b>H</b>		d											
	PART II. Other algnificent condi	tions contributing to	death but not	resulting I	n the under	hilma aau	na mhana in i	Down I. I	24s. WAS AN				
EDICAL			scatti bat tibt	resulting i	in the under	lying cau	se given in	Part I.	PERFOR		AW	ERE AUTOPSY FINDINGS AILABLE PRIOR TO	
ă								_	1 TES 2	□ NO		MPLETION OF CAUSE DEATH?	
Z												YES 2 NO	
÷ I								_					
Z I	25. WAS CASE REFERRED TO MEDICA	L				8. PLACE C	F DEATH (Che	ack only one	o)				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpatient 2	FR/Outpatient 3	DO4	OTHER!								
¥	27. MANNER OF DEATH	28e. DATE OF I	NJURY	28b. TIM		INJURY A	Reeldence			1 11 100 000	10.50		
	1 Natural 5 Pending	(Month, De	y, Year)	INJ	URY	WORK?		200. DES	CRIBE HOW II	NJUNY OCCU	RED		
B	2 Accident Investigati					YES	2   NO						
	3 Suicide 8 Could not 4 Homicide determine	" Duliging, e	INJURY - At he	ome, term, s	treet, fectory,	office		28t, LOCA	TION (Street e	and Number of	r Rural Route	Number,	
E	4 I Houncide determine												
2 1	290. CERTIFIER 1 CERTIFYING PI	IYSICIAN: To the best of n	ny knowledge, de	eath occurre	d at the time	date and n	lace and due	to the cour	na(a) and man				
COMPLETED		AINER: On the basis of ex											
			A						ond place, en	2 000 10 1110	conso(s) en	d member es stated.	
BE	296. SIGNATURE AND TITLE OF CERTI	PIEH!	11 11	1	. =	29c.	LICENSE NUM		_	29d. DATE	SIGNED)(MO	onth, Day, Year)	
2	()longs	1 - m	LV		70		110	58	7	<b>&gt;</b> /	2/2-	6/92	
	38. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH OTE	М 27) (Туре,	Print)								
	31. DATE FILED (Month, Ary, Year) DEC 2 8 199	32, REGISTRAR	'S SIGNATURE			-		_					
	DFC ≈ 8 199	12 Julia Dav	idson-Par	deer									
		17											

section had not

		FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMENT OF	HEALTH AND		YGIENE REG. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH		YEA	3. TIME OF	DEATH	
3 0/3			YVETTE			LYO		12	29	9 9	2 4:36		
3 0/3		4. SOCIAL SECURITY NUMBER 578-08-9039	MONTHS DAYS HOURS MIN.						7. DATE OF BIRTH 8. BIRTHPL (Month, Day, Year) Country)			4	
should	. 8	Se. FACILITY NAME (If not institution, give	71	23	Tho.	Sh CITY TOWN	OR LOCATION OF D	03/15		Wa Be. COUNTY O	sh.,D.C		
2, 3	ECTOR	3115 75th AVE	APT #102 LANDOVER								E GEOR	GES	
020 physician. burlat-transit permit. Pages 1.	DIR	10a. STATE 10b. COUNT	e Georges			ANDOVER					10d. INSIDE LIMITS	?	
n. ansit perm	ERAL	3115 75th Aven	ue			10	DI. ZIP CODE 2078	5		10g. CITIZEN OF WHAT COUNTRY? United States			
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2X		If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Spec	en, Puerto Rica	ipecify Yes or n, etc.)	Ho 14. E	Indian,		
21215-0 al or attending for use as the	TED	15. DECEDENT'S EDU (Specify only highest grad	completed)	/G/	CEDENT'S 've kind of w Do NOT us	USUAL OCCUPAT	ION lost of working	16b. Kii	OF BUSIN	ESS/INDUSTR			
AND 21 the hospital or detached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	HAI		TYLIST		Be	auty	shop			
AN the hos detach	NO.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N						
# 8 4 X	BE	WILLIAM TATE					Stephi	ine Apr	il .				
MARYLAND retained by the hospit 5 should be defached notified at once.	6	19a. INFORMANT'S NAME (Type/Print)	(EARLED)				and Number or Rural						
		WILLIAM TATE  200. METHOD OF DISPOSITION	(FATHER)				Place, N	7	×			12	
O 0 8 2		1 M Burial 2 Cremation 3 Removal from State competery, crematory or other place) 4 Constitut 5 Competery, crematory or other place) Harmony Memorial Park 1/4/93 Landover, Md.											
ALTIM death. Page funeral dire		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	marmo.	ily Me		AND ADDRESS OF F		Land	over,r	<u>. DI</u>		
BALTIM after death. Page by the funeral dire moval.		1 Alex 1	Rose	2 1	M859	ALEXA	NDER S.E Marlbord	OPE FU	NERAL	HOMES	d 20747		
BOX 68760, cate be executed within 24 hours hysician and completely filled in the prior to burial, cremation, or reser traumatic event, the median traumatic event, the median experience of the med	RTIFICATION	23. PART I. Enter the diseases, or complications that cerised the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition presulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
death certification attending ental Hygie	CERTIF	a.											
RECORI mequires that the signed by the of Health and	AN: MEDICAL	PERFORMED?  1 YES 2 NO									24b. WERE AUTOP MAILABLE PI COMPLETION OF DEATH? YES 2	RIOR TO OF CAUSE	
VITA	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☒ YES 2 □ NO	HOSPITAL:		D T	OTHER:	LACE OF DEATH (C			_			
The same of	PHYS	27. MANNER OF DEATH	1 Inpetient 2 I	NJURY	28b. TIM		ne 5 A Nesidence JURY AT ORK?			URY OCCURE			
ON O NG PHO Tay this marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	12-29-	1992	4:3		ORK? YES 2XXIO	SUBJ		SHOT/	CTABBE	P	
DIVISION O OR ATENDING PAY DIFFCTOR. After this hours after death with Item 28 is market	0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	ic. (Specify)	ne, tarm, s	ome	ce	City or To	MYS. Statul	AVE	rel Route Number, APT #1	0.2	
DIV OR A DIREC Nours Hem	Ä	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m				e and place, and du				77.1 11.1	02	
경기단도	COMPLET	(Check only one) 2 XMEDICAL EXAMINI								se(s) and manner	es stated.		
TO THE HOSPIT TO THE FUNERY THE flad within 7	8	296 SIGNATURE AND TITLE OF CEPTIFE	lea	N			O.C.M.		2		NED (Month, Day, 1		
(3)	5	MARIO F GOL	O COMPLETED CAUSE	OF DEATH (ITES			eet, Ba		re.			1201	
		JAN 1 1	32. REGISTRAR	s signature La Davids									

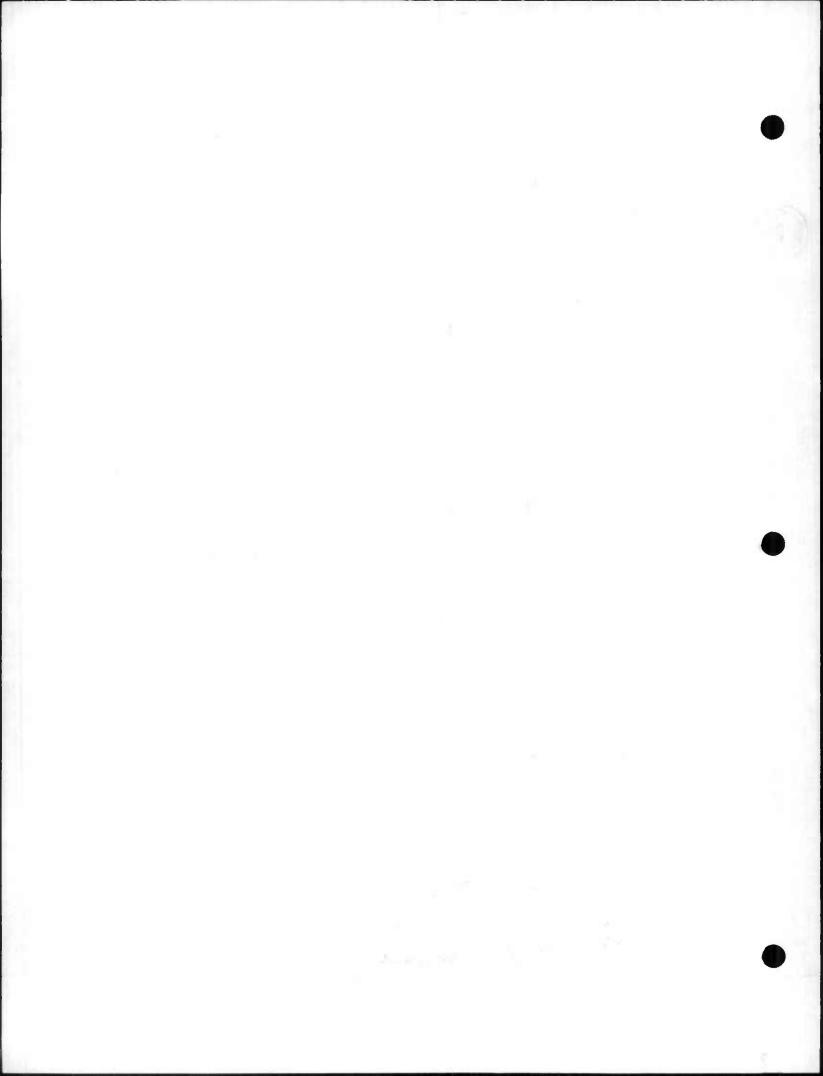


BALTIMORE, MARYLAND 21215-0020	. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	ate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-i
9	in 24 hours after death. Pa	ely filled in by the funeral of
TAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed withi	been signed by the attending physician and complete
TAL	: The li	ate has

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

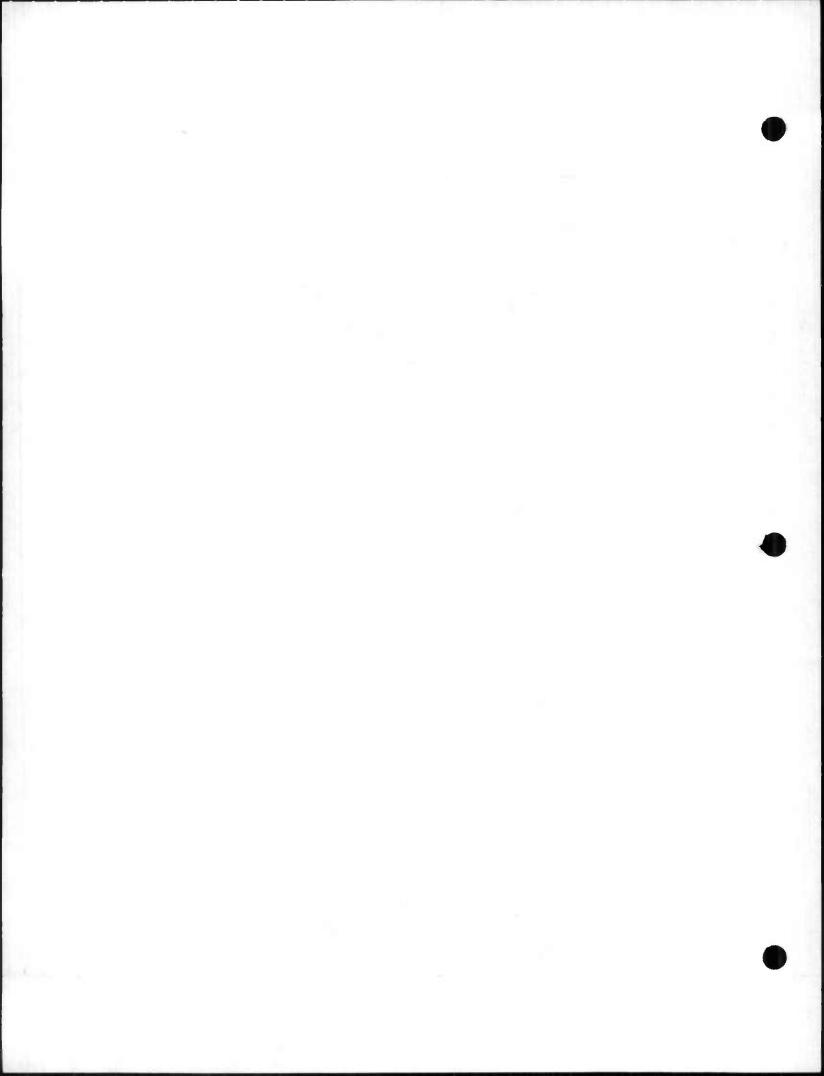
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perribe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
hat the death certificat	by the attending phy and Mental Hygiene	ny Injury, or other
AN: The law requires t	tificate has been signer e State Dept, of Health	or Item 23 shows a
R ATTENDING PHYSIC	RECTOR: After this cer urs after death with th	m 28 is marked, o
TO THE HOSPITAL O	TO THE FUNERAL DI	IMPORTANT: If Its

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND NTE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Audrey	Engelbreck		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATN
		gelbrech	+ Mai	NPIN	12 - 31	- 92	0130 M
	and the second s		MON	NDER 1 YEAR   IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	**
	214-10-5628  Sa. FACILITY NAME (If not institution, give stre		0	CITY, TOWN OR LOCATION OF	June 3,191	6 Mar	vland
E				Frederick	DEATH	Frede	
5	Frederick Memori	tar nospitai				rrede	
DIRECTOR		Frederick	1.27	MN OR LOCATION			10d, INSIDE CITY LIMITS?
	Maryland I  100. STREET AND NUMBER	rederick	FI	rederick		10g. CITIZEN OF	1 X YES 2 NO
FUNERAL	325 West S	Seventh Stre	et	21	701	U.S	.A.
5		12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi-			E — American Indian, ik, White, etc.
BY	1 Never Married 2 Narried 3 Nidowed 4 Diversed	IF YES, GIVE WAR OR DA		1 TYES 2 NO Spec		Spec	
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S USUA	AL OCCUPATION	16b. KIND OF BUSIN	I IESS/INDUSTRY	WIITTE
COMPLETED	(Specify only highest grade co	College (1-4 or 5+)	He. Do NOT use reti	of Custodial	Frederic	k Count	У Government
MPI	12		Director (	Service	riedelic	K COUIT	y Government
	17. FATHER'S NAME (First, Middle, Last)	John Engel	brecht		IAME (First, Middle, Meiden Su rgaret Stok		
BE	19a. INFORMANT'S NAME (Type/Print)	JOHN Enger		RESS (Street and Number or Rura	0		
2	Mr. Jon M. Maupin			Seventh Stre			21.701
	20a. METHOD OF DISPOSITION  1 To Burial 2 Cremation 3 Remov		PLACEAND DATE OF DIS	SPOSITION (Name of		TION — City or T	
i ğ	4 Ponetion 5 Other (Specify)	Re	etery, crematory or other p	morial Garden	s 1-3-93 Fre	ederick	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEI	NSEE		22. NAME AND ADDRESS OF I	FACÍLITY		
	Allan	H Kuly	M00703	Keeney & Bas: 106 East Chu			
	23. PART i. Enter the diseases, or co- shock, or heart failure. Li			nter the mode of dying, su	ich as cardiac or respira	tory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	MUDAA	2 NiAI	INFARC	Tio 1		Onset and Death
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):	MINI	1100		
z		ful M	ONARY	EMBOL	US		
NTIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)		P	1	
일	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	CE MY CO	TENSIO	N	
CERTIFICATION	resulting in death) LAST	END	STAGE	RENAL	DISEASE		]
	PART II. Other significent conditions	contributing to death h	ut not resulting in th	a underlying cause given i	n Part I. 24s. WAS AN AL	mosey 1	b. WERE AUTOPSY FINDINGS
CAL		continuently to death b	or not resuming in the	e underlying cause given i	PERFORM	ED7	AMILABLE PRIOR TO COMPLETION OF CAUSE
E					1 0 YES 2	NO	OF DEATH?
ä							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATN (G	Check only one)		
14S	1 TYES 2 NO	1 Inpatient 2 ER/Outp		Nursing Home 5 - Residence	1		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, street		281. LOCATION (Street end	d Number or Rural	Route Number,
IE	4 Homicide datermined	building, etc. (Spec	ny)		City or Town, State)		
PLE		AN: To the best of my know	edge, death occurred at	the time, date and place, and d	re to the cause(e) and menne	or as stated.	
COMPLETED	2 MEDICAL EXAMINER:	On the basis of examination	end/or investigation, in	my opinion, death occured at the	ne time, date and place, and	due to the cause(	e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	A ilate	Que L	29c. LICENSE N	UMBER :	POR DATE SIGNE	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CARSE OF CO.	THE YELD	1041	+17	P 1 3	5 173
	56 THOMAS	JOHN SO	N DR	. FREDE	rick MI	0 3	1051
	31. DATE FILED (MATA NY 1001)	Julia David	ATURE Produces				
		190					



	TO BE COMDIFICED BY BUYSICIAN. MCDICAL CONTRICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
;ea	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-rank	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE REGISTRAR	SIMIE OF		ERTIF					MENTAL HYGIEN REG. NO		2 38297
į.	1. DECEDENT'S NAME (First, Middle, Last)						<u> </u>		2. DATE OF DEATH		3. TIME OF DEATN
	William Thomas	Mills,	Jr.						1 <sup>MONTH</sup> 2 <sup>M</sup>	9	2 4:08 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. is	est birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF BIRTH	- 1	B. BIRTHPLACE (State or Foreign
	225-32-9378	1 💢 M 2 🗌 F	62	YRS.	MONTHS	DAYS	HOURS	MING.	(Month, Day, Year) 04-28-31	S	. Carolina
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	TOWN O	R LOCATE	ON OF DE		9c. COUNT	TY OF DEATH
OH	Frederick Memor	ial Hosp	ital			Fred	eric	k		FIL	.ederick
ក្ត	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	v		10a CIT	Y, TOWN C	OR LOCATI	011				
DIRECTOR		derick			eder		OII				10d. INSIDE CITY LIMITS?
ׅׅׅׅׅ֚֚֚֚֚֚֚֡֝֝֡֡֝֝֝֝֝֟֝֝֡֡֝	10s. STREET AND NUMBER			1			ZIP CODE	F		10m CITIZE	1 YES 2 NO
H	821 F Stratford	Drive				1	217			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT, EVER IN U.S. A	RMED	13.	WAS DECE	NDENT C	F NISPAN	IIC ORIGIN? (Specify Yes	or No- 1	4. RACE — American Indian
	1 Never Married 2 Married		1X YES 2 WAR OR DATES	NO			city Cube	n, Mexica	n, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, stc.
D BY	3 Widowed 4 Divorced		- 1/30/	52							white
E	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	Give kind of the Do NOT us	USUAL O	CCUPATION during mos	N t of workin	19	166. KIND OF BUS	SINESS/INDU	STRY
COMPLETE	Elementary/Secondary (0-12)	College 11-4 or 5		Archi					Self		
N N	17. FATHER'S NAME (First, Middle, Lest)		,			-			0		
	William T. Mills	Ch							ME (First, Middle, Maiden Davis	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	, 3/6,	10	Oh MAII ING	ADDRESS	(Street or			Poute Number, City or Tow	Chata Tip C	Sanda L
2	Mrs. Joyce H. Ha	nemann M							Frederick		
1	20a. METHOD OF DISPOSITION			AND DATE		_		, ,	7		ity or Town, Stata
1	1 Donation 5 Other (Specify)	ovel from State	Cemetery, cr	tato	ther place)	nans	Com	oton			ison Forest, 1
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1.1112		22.	NAME AND	D ADDRES	SS OF FA	CILITY		, , , , , , , , , , , , , , , , , , , ,
	Dan Da L	2							ral Homes,		01700
	23. PART I. Enter the diseases, pr	complications the	at caused the d	eath. Do r	not entar	the mod	a of dvi	1819	, Frederic	R, MU	et, Approximata
	shock, or haart failure. IMMEDIATE CAUSE (Final	List only one ca	Use on each lin	a.				,		ratery arrow	interval Between
	I WWEDINE CHOSE (FINE)										
	disease or condition	. 3	una (	an	101	in	th	60	no motos	tases	Onset and Deat
	disease or condition resulting in death)	a. DUE TO	O (OR AS A CONSE			in	th	60	ne meto	toses	2 amos.
N	resulting in death)	DUE TO				in	th	bo	ne mito	toses	10
ALION	resulting in desth)  Sequentially list conditions, if any, leading to immediate	b		EQUENCE O	F):	in	th	bo	ne metos	toses	10
CALION	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b DUE TO	O (OR AS A CONSE	EQUENCE OF	F):	in	th	60	ne meto	toses	10
HILICATION	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b DUE TO	OR AS A CONSE	EQUENCE OF	F):	in	th	60	ne meto	toses	10
CERTIFICATION	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSE	EQUENCE OF	F): F):					toses	10
- 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSE	EQUENCE OF	F): F):				Part I. 24e. WAS AN	AUTOPSY	2mos.
1 P	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition	o. OUE TO	O (OR AS A CONSE	EQUENCE OF	F): F):					AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
1 P	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition	b	O (OR AS A CONSE	EQUENCE OF	F): F):				Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO
IN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  CVA  Commun.	o. OUE TO	O (OR AS A CONSE	EQUENCE OF	F): F):				Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  C V A  Correct  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. OUE TO	O (OR AS A CONSE	EQUENCE OF	F): F): F):	oderlying 26. PLA	cause (	jiven in	Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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PHTSICIAN: MEDICAL	resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  C V A  COMMUNICATION OF DEATH  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	DUE TO  d.  DUE TO  d.  HOSPITAL: 12 inpetient 2	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O death but not	EQUENCE OF TESTIFICATION OF THE PROPERTY OF TH	OTHER	26. PLA 7: sling Home 28c. INJU WOR	Cause (	piven in	Part I. 24a. WAS AN PERFOR 1 TYES 2	AUTOPSY MED? NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PRINCIAN: MEDICAL	PART II. Other algnificant conditions counting in death)  PART II. Other algnificant conditions counting in death) LAST  PART II. Other algnificant conditions counting in death) LAST  PART II. Other algnificant conditions counting in death) LAST  PART II. Other algnificant conditions counting in death) LAST  PART II. Other algnificant conditions counting in death) LAST  PART II. Other algnificant conditions counting in death conditions counting in death coun	DUE TO  DUE TO  d.  HOSPITAL: 10 Inpetient 2  260. DATE Of (Month, I	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O death but not  ER/Outpatient : F INJURY Day, Year)	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER 4   Nur	26. PLA 7: 8ing Home 28c. INJU WOR 1   YI	Cause (	piven in	Part I. 24a. WAS AN PERFOR 1 YES 2 sock only one) 6 Other (Specify) 28d. DESCRIBE NOW II	AUTOPSY MED? NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PRINCIAN: MEDICAL	PART II. Other aignificant conditions counting in death)  PART II. Other aignificant conditions counting in death) LAST  PART II. Other aignificant conditions counting in death) LAST  PART II. Other aignificant conditions counting in death) LAST  PART II. Other aignificant conditions counting in death) LAST  PART II. Other aignificant conditions counting in death) LAST  PART II. Other aignificant conditions counting in death) LAST  PART II. Other aignificant conditions counting in death) LAST  PART II. Other aignificant conditions counting in death counting in dea	b. OUE TO c. DUE TO d	O (OR AS A CONSE	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER 4   Nur	26. PLA 7: 8ing Home 28c. INJU WOR 1   YI	Cause (	piven in	Part I. 24a. WAS AN PERFOR 1   YES 2 seck only one)	AUTOPSY MED? NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PRINCIAN: MEDICAL	PART II. Other aignificant conditions resulting in death)  PART II. Other aignificant conditions resulting in death) LAST  PART II. Other aignificant conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are sufficient conditions are sufficient conditions. The sufficient conditions are su	b. DUE TO d. DUE TO d. HOSPITAL: 10 inpetient 2 26e. DATE Of (Month, i.e., i.e	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	EQUENCE OF PROPERTY OF THE PRO	OTHER  OT	26. PLA 3: sling Home 28c. INJU WOR 1 VIO	Cause (	EATH (Chesidence	Part I. 24e. WAS AN PERFOR 1 YES 2 sok only one) 6 Other (Specify) 28d. DESCRIBE NOW III City or Town, State)	AUTOPSY MED? NO NJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
MPLEIED BY PHYSICIAN: MEDICAL	PART II. Other aignificant conditions resulting in death)  PART II. Other aignificant conditions resulting in death) LAST  PART II. Other aignificant conditions of the condit	b. DUE TO c. DUE TO d	O (OR AS A CONSE O (OR	resulting  3 DOA  28b. TIME INJ  orne, farm, 1	OTHEF  OTHER  OTHER  OFHURY  M  Street, fact	26. PLI 3: alng Home 26c. INJU WOR 1 Urory, office	Cause (	EATH (Che eldence	Part I. 24e. WAS AN PERFOR 1 YES 2 sok only one) 6 Other (Specify) 28d. DESCRIBE NOW III 26f. LOCATION (Street a City or Town, State)	AUTOPSY MED? NO NO NJURY OCCU	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PRISICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  C V A  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes   2   NO  27. MANNER OF DEATN  1   Netural   5   Pending Investigation   3   Suicide   6   Could not be determined  29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINE	DUE TO  DUE TO	O (OR AS A CONSE O (OR	resulting  3 DOA  28b. TIME INJ  orne, farm, 1	OTHEF  OTHER  OTHER  OFHURY  M  Street, fact	26. PLI 3: alng Home 26c. INJU WOR 1 Urory, office	Cause C	EATH (Che sidence No and due ed at the	Part I. 24e. WAS AN PERFOR 1 YES 2 sick only one) 6 Other (Specify) 28d. DESCRIBE NOW II 26f. LOCATION (Street a City or Town, State) to the cause(e) and mar	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  IRED  Pural Route Number,  1.  cause(e) and manner ea stated.
BE COMPLETED BY PRISICIAN: MEDICAL	PART II. Other aignificant conditions resulting in death)  PART II. Other aignificant conditions resulting in death) LAST  PART II. Other aignificant conditions of the condit	DUE TO  DUE TO	O (OR AS A CONSE O (OR	resulting  3 DOA  28b. TIME INJ  orne, farm, 1	OTHEF  OTHER  OTHER  OFHURY  M  Street, fact	26. PLI 3: alng Home 26c. INJU WOR 1 Urory, office	Cause C	EATH (Che sidence No and due ed at the	Part I. 24e. WAS AN PERFOR 1 YES 2 sick only one) 6 Other (Specify) 28d. DESCRIBE NOW II 26f. LOCATION (Street a City or Town, State) to the cause(e) and martitime, date end place, en	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  C V A  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Natural 5   Pending Investigation 3   Suicide 6   Could not be determined  29e. CERTIFIER   Check only one) 2   MEDICAL EXAMINE	DUE TO  C. DUE TO  d	O (OR AS A CONSE O (OR	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER OTHER	26. PLI 3: alng Home 26c. INJU WOR 1 Urory, office	Cause C	EATH (Che sidence No and due ed at the	Part I. 24e. WAS AN PERFOR 1 YES 2 sick only one) 6 Other (Specify) 28d. DESCRIBE NOW II 26f. LOCATION (Street a City or Town, State) to the cause(e) and martitime, date end place, en	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  IRED  Rural Floute Number,  4.  Cause(e) and manner ea stated.  SIGNED (Month, Day, Year)
BE COMPLETED BY PRISICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  C V A  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes   2   NO  27. MANNER OF DEATN  1   Netural   5   Pending Investigation   3   Suicide   6   Could not be determined  29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINE	DUE TO  C. DUE TO  d	O (OR AS A CONSE O (OR	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHEF  OTHEF  In the un  OTHEF  UNY  M  Street, fact  on, in my o	26. PLI 3: sing Home 28c. INJU WOR 1 Urory, office	Cause C	EATH (Che sidence No and due ed at the	Part I. 24e. WAS AN PERFOR 1 YES 2 sick only one) 6 Other (Specify) 28d. DESCRIBE NOW II 26f. LOCATION (Street a City or Town, State) to the cause(e) and martitime, date end place, en	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  IRED  Rural Floute Number,  4.  Cause(e) and manner ea stated.  SIGNED (Month, Day, Year)
BE COMPLETED BY PRISICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  C V A  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Natural 5   Pending Investigation 3   Suicide 6   Could not be determined  29e. CERTIFIER   Check only one) 2   MEDICAL EXAMINE	DUE TO  d.  HOSPITAL: 112 inpettent 2 26e. DACE o building CIAN: To the best of or	O (OR AS A CONSE O (OR	EQUENCE OF COUNTY OF THE PROPERTY OF THE PROPE	OTHER OTHER	26. PLI 3: sing Home 28c. INJU WOR 1 Urory, office	Cause C	EATH (Che sidence No and due ed at the	Part I. 24a. WAS AN PERFOR 1 YES 2  sck only one) 6 Other (Specify) 28d. DESCRIBE NOW II 26f. LOCATION (Street & City or Town, State) to the cause(e) and mar time, date end place, en	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  IRED  Rural Floute Number,  4.  Cause(e) and manner ea stated.  SIGNED (Month, Day, Year)



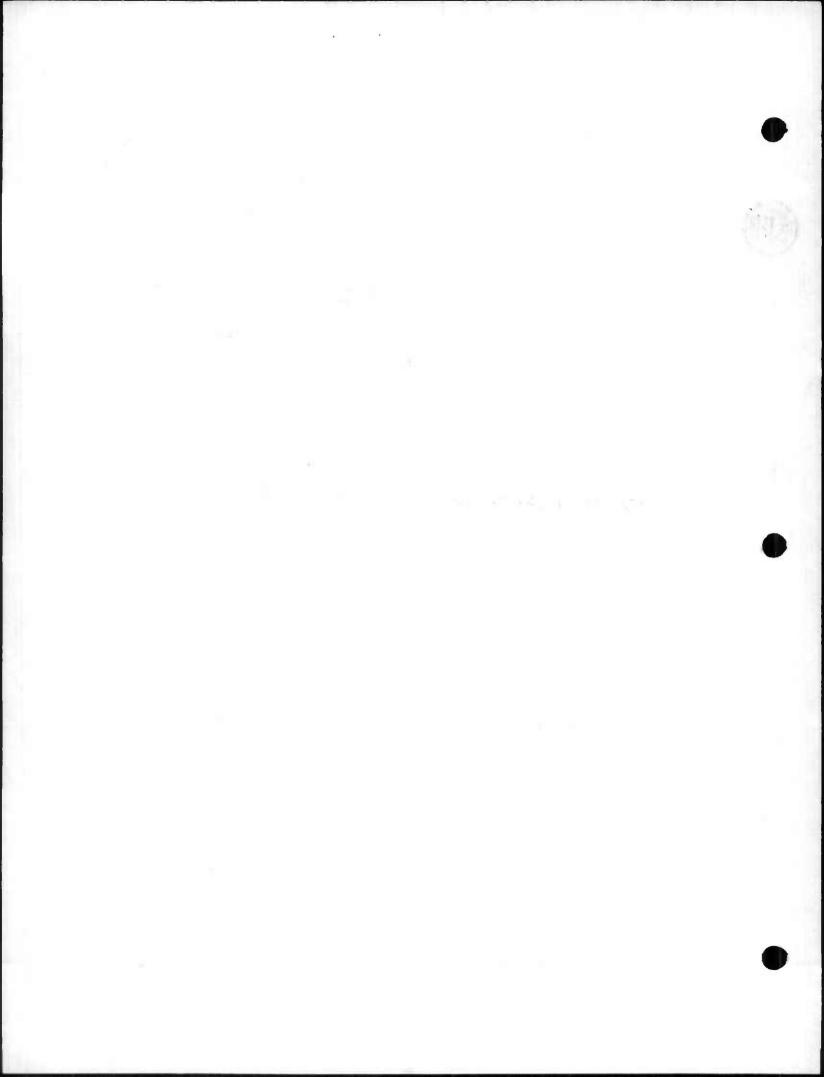
DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

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BOX
S, P.O
RECORD
F VITAL F
ONOISI
DIA

¥.	1. DECEDENT'S NAME (First, A. Susie C.	Alddle, Last) MCNe	Catheri eal	ne	CEITIII	IOAIL	01	DEAT	2	DATE OF DEATH MONTH	DAY	YEAR	. TIME OF DEATH
9	4. SOCIAL SECURITY NUMBER 217 - 12 - 4	269	5. SEX	8. AGE (In y	rs. lest birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24	MIN.	DATE OF BIRTH (Month, Day, Year)	1914	8. BIRTHPL Country) Mary	12:35 p  ACE (State or Foreign  land
ECTOR	Easton Men	norial	treet end number) L Hospita	1			asto	R LOCATION	OF DEAT	н	2000	albot	тн
DIR	Maryland	IOL COUNTY	n Anne's			asonv						- 11	0d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	10302 Perry	s Cor						ZIP CODE 21638				ted St	at country? Cates
BY	11. MARITAL STATUS 1 Nover Married 2 M 3 Wildowed 4 N Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	2X NO	H	yes, spe	ENDENT OF city Cuben, 2 2 NO	Mexican, I	ORIGIN? (Specify Puerto Rican, etc.)	fee or No	Specify:	- American Indian. White, etc.
COMPLETED	15. DECED (Specify only in Elementary/Secondary (0-1) 8	-	CATION completed) College (1-4 or 5		Give kind of the Do NOT u	work done du se retired.)	CUPATIO Iring mos	N at of working		Garme		DUSTRY	
E COM	17. FATHER'S NAME (First, Midd Solomon	Me, Lest) Abraha	am Lord		-			18. МОТНЕ Ма	ary	(First, Middle, Maid Pi	nder		
TO BI	19a. INFORMANT'S NAME (Type Sarah Cather				19b. MAJLING 10302	Perr	(Street a	Corn	er Ro	oad, Gra	own, State, Zi SONVi	code)	4D 21638
	Sarah Catherine Dorrell 10302 Perry's Corner Road, Grasonville,  20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremetton 3 Removal from State Competent, cremetory of other placed. 4 Donatton 6 Other (Specify) Other (Specify)												
	21. SIGNATURE FUNERAL SERVICE LICENSEE  James H. Barton, Jr.  22. NAME AND ADDRESS OF FACILITY Barton Funeral Home  P.O. Box 222, Centreville, Maryland 21617  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	23. PART I. Enter the disc shock, or hea iMMEDIATE CAUSE (Final disease or condition resulting in death)	rt fallure.	a. Co	PD	e death. Do ine.		he mod	de of dying	g, such a	a cardiac or res	spiratory ar	reat,	Approximate interval Betwee Onset and Dear
ERTIFICATION	Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	nte G	с		ONSEDUENCE O								
MEDICAL C	PART II. Other algorificant CHE  Remal  Demont		a contributing to		not reaulting	in the und	lerfying	cause giv	ven in Pa	rt I. 24a. WAS / PERF	AN AUTOPS/ ORMED/ 2 NO	AA CC OI	TERE AUTOPSY FINDING: MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 ND
SICIAN:	25. WAS CASE REFERRED TO I EXAMINER? 1 YES 2 ND	MEDICAL	HOSPITAL:	ER/Outpetle	ont 3 (1 00A	OTHER:		ACE OF DEA		only one)  Other (Specify)			1
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pe 2 Accident Im	ending restigation	28s. DATE OF (Month, E	INJURY	28b. TIN		Bc. INJU	JRY AT	21	od. DESCRIBE HOV	V INJURY OC	CURED	
ETED 8	3 Suicide 6 Co	ould not be termined	28e. PLACE C building,	etc. (Specify)	At home, farm,	street, factor	ry, office		24	of LOCATION (Street City or Town, Sta	et and Numbe te)	r or Rural Rout	te Number,
COMPLE	000)		CIAN: To the best of R: On the basis of e										nd manner as stated.
TO BE C	296 SIGNATURE AND TITLE O	low	000	DE OF OFTE	OTEM AT A	Coloni		29c. LICEN	174	7	<b>&gt;</b> /	2/25	force, Day, Year)
	30. NAME AND ADDRESS OF P	DIVA	5 67 5	3	Lutel		vid	G. 0	live	M.D.,	Eas		ÍD 21601
	DEC 2	8 '9	2	idia Dev	idson-Ra	ndell							

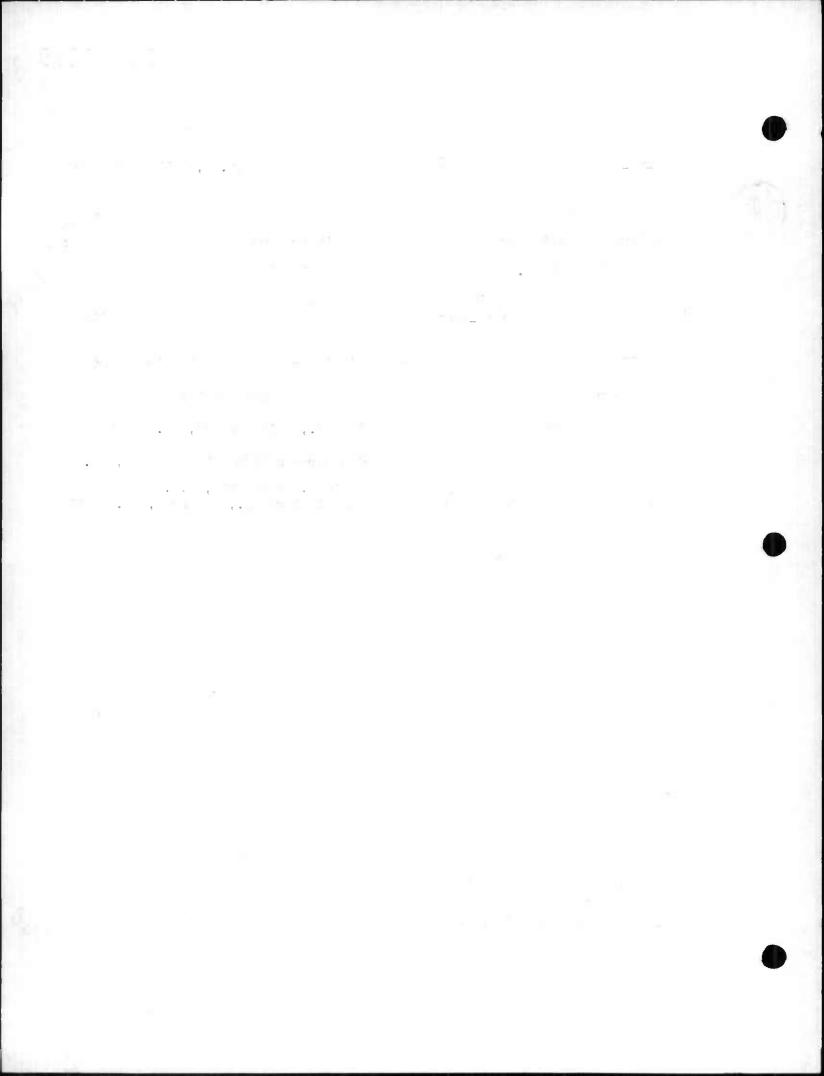
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 TEAR 28 Louis Okun 6:51 A.M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (in yrs. lest birthday) IF UNDER t YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Nov 22 XX M 2 | F 81 251-36-0622 1911 New York 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Shady Grove Hospital Rockville Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Gaithersburg 1 YES 2 1 NO permit FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY 24510 Welsh Rd. 20882 USA use as the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? DE YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY White **X** Widowed 4 ☐ Divorced 1935-1943 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ndary (0-12) College (1-4 or 5+) 11 District Court Court Commissioner once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ Oscar Okun Anna Slepian notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Rozanne Tedder 24510 Welsh Rd., Gaithersburg, Md. 20882 99 20a. METHOD OF DISPOSITION

3 Burlal 2 Cremation 3 
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Judean Memorial Bardens 12/30/92 Olney, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Olin L. Molesworth, P.A. led in by the ft., or removal. 0 26401 Ridge Rd., Damascus, Md. 20872 medical 23. PART i. Enter the diseases, or com filled in by t plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, c traumatic event, the disease or condition CHEST INJURIES resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) prior to burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) signed by the attending physician of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be trenstall DIRECTOR: After this certificate has been signed by the attending physician within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to MAN.: If Hem 28 is marked, or Item 23 shows any Injury, or other traun CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: YES 2 NO 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation in Auto/Pole 1 YES 2/28/1992 5:40A BY 2 Accident Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 6 Could not be 4 Homicide Roadside Woodfield 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner as stated. 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. 12/29/1992 2 LIFTED CAUSE OF DEATH (ITEM 27) (Type, Print) WD 111 Penn Street, Baltimore, Maryland 2120 32. REGISTRAR'S SIGNATURE DEC30 Lulia Taijdron Randall 199

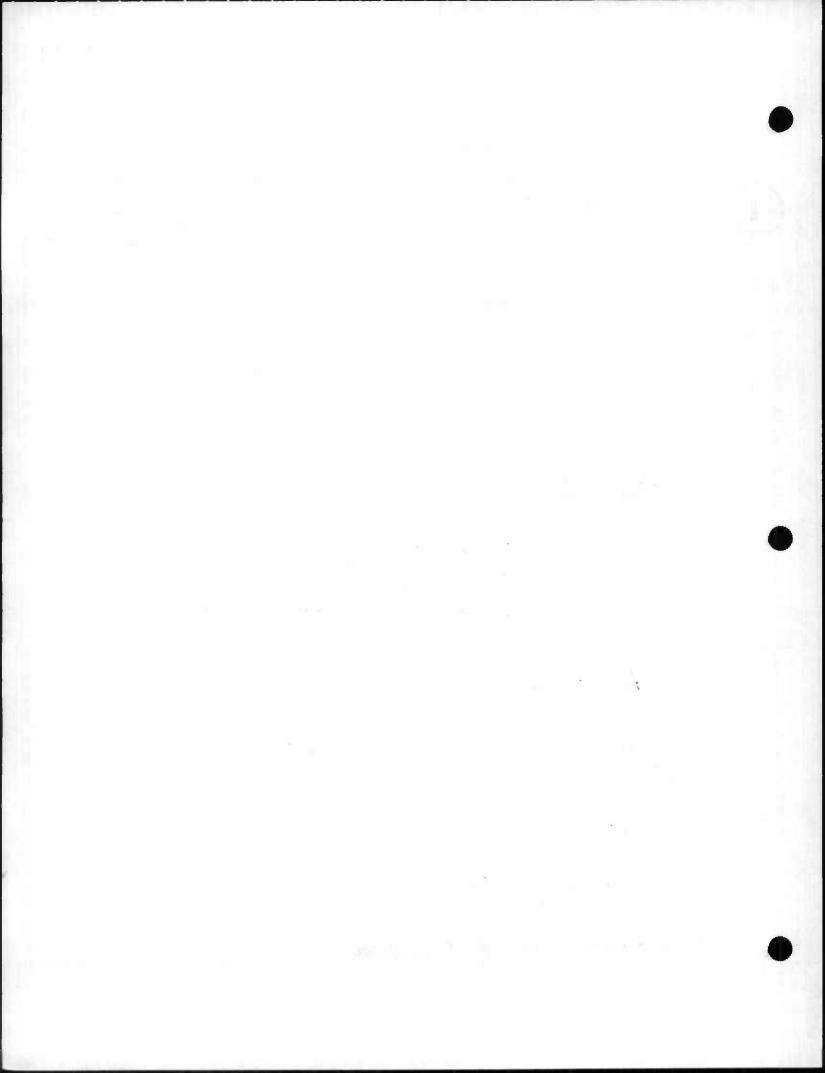
DHMH-18 Bev 1/89



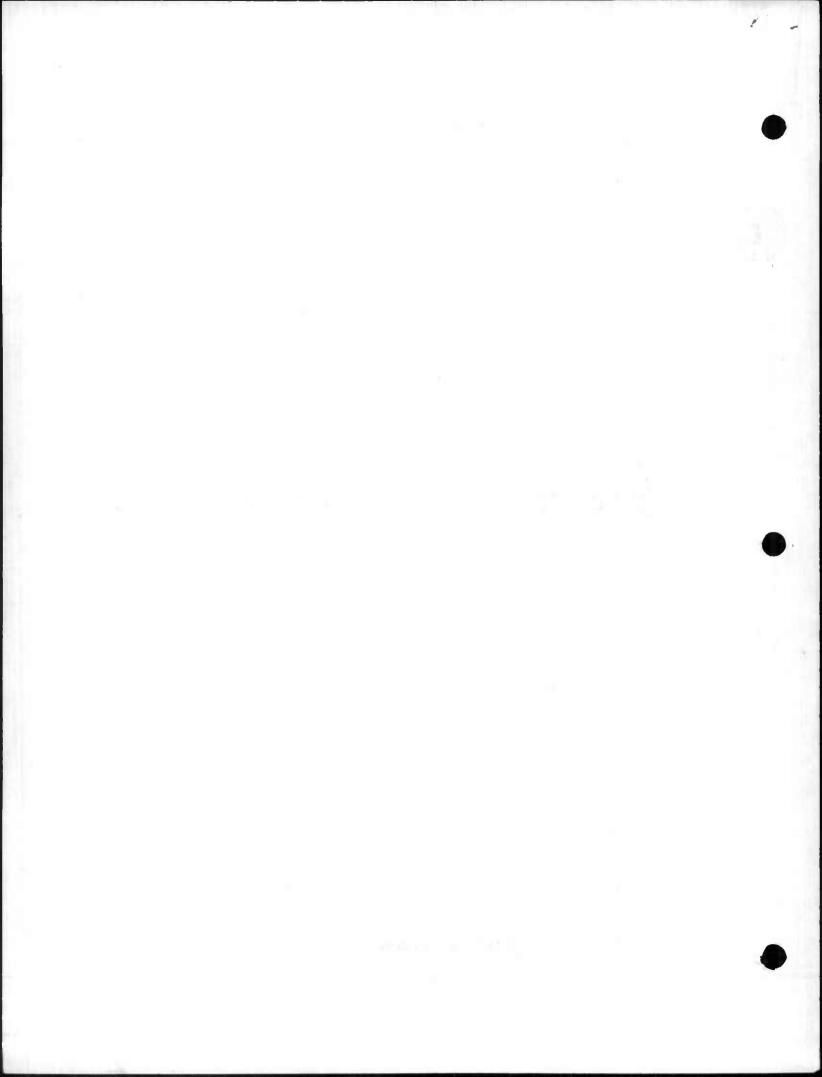
BALTIMORE, MARYLAND 21215-0	24 hours after death. Page 6 may be retained by the hospital or attending	r filled in by the funeral director, page 5 should be detached for use as the tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE OF MA	RYLAND / DEPART	MENT OF HE		MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF OEATH		YEAR 3. T	IME OF DEATH
	GEORGE ROMNOSKY		3310		December			6:15A M
	577-40-9445 X M 2 🗆 F	62 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 2,		Country)	E (State or Foreign
œ	9e. FACILITY NAME (if not institution, give street end number)		9b. CITY, TOWN OR		EATH			
10	7215 Honeybush Drive		Mt.	Airy		Carroll		
DIRECTOR	Maryland Carroll	10c. CITY,	Mt. Ai				INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			IP CODE		10g. CITIZE	EN OF WHAT	YES 2 X NO
ER.	7215 Honeybush Drive			21771		Ar	neric	an
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 NO	If yes, speci		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	-	4. RACE — A Black, Whi	merican Indian.
	15, OECEDENT'S EDUCATION	16e. DECEDENT'S U	ISUAL OCCUPATION		16b. KIND OF BU	ISINESS/INDU		/
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 8 +)	(Give kind of wo	ork done during most retired.)	of working				
MPI	12	Superi	ntenden	t	Wholes	sale 1	Jumbe	r
8	17. FATHER'S NAME (First, Middle, Last)			IS. MOTHER'S NA	ME (First, Middle, Meider	Sumame)		
BE	Michael Romnosky				Lockmon			
2	19e. INFORMANT'S NAME (Type/Print)				Route Number, City or Tox			
	Eleanor J. Romnosky				ve, Mt.			
	2 Deurlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, cremetery or other Parklawn	er place)	001		CATION - CI		
	21. SIGNATURE OF FUNETUL SERVICE LICENSEE	Palklawii		ADDRESS OF FA	12/30 Rd	CKV1	rie,	Maryland
	· Novert L. Willia	ms			esworth,	P.A.	., Fu	neral Hr
	A		Damas	cus. M	larvland	20	1872-	
	23. PART I/Enter the diseases, pr complications that ca shock, or heart fallure. List only one cause	on each line.	t anter the mode	of dying, suc	h aa cardlec or reap	iratory arres	it,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	halos	My					Onset and Death
	resulting in death) a.  DUE TO (OR	AS A CONSEQUENCE OF	To f					
z	Liv	en dice	ase_				j	
일	ii any, leading to immediate	AS A CONSEQUENCE OF)		2				
2	CAUSE (Disease or Injury	tastate ¿	unol	0912	cance	1		
E	that initiated events  resulting in death) LAST	AS A CONSEQUENCE OF):		0				
CERTIFICATION	d							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to det	ath but not resulting in	the undarlying o	ause given in	Part I. 24a. WAS AP PERFO	RMED?	COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH?
2							10	YES 2 NO
X I	25. WAS CASE REFERRED TO MEDICAL		26. PLAC	E OF OEATH (Ch	eck only one)			
Sic	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpetient 2 ER	/Outpatient 3 DOA	OTHER:	1				
Ě	27. MANNER OF OEATH 28e. DATE OF INJ (Month, Day, V	URY 28b. TIME	OF 28c, INJUR	Y AT	28d. DESCRIBE HOW	NJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	indu		2   NO				
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF IN building, etc.	JURY — At home, term, str (Specify)	eet, fectory, office		28t. LOCATION (Street City or Town, State	end Number or	Rural Route N	lumber,
2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred	at the time, date en	d place, end due	to the cause(e) end ma	nner ee stated		
8	one) 2 MEDICAL EXAMINER: On the beele of exami							manner ee atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			9c. LICENSE NUN			BIGNED (Mont	
BE	Howard Steni	- M		138 4				8, 1992
2	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF	F OEATH (ITEM 27) (Type, P	rint)	220		De	2	0, 1332
	Howard Steiner, M.D., 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S	SIGNATURE		en Blv	d., Balt	imore	, Md	•
	12-28-DEE 30 1992 fu	lia Saijdson-Ra	ndell					



		FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATI	E OF	EALTH AND DEATH	MENT/	L HYGIEN				
	18		Elizabeth Pa	lmer Wi	Heti			2. DATE	E OF DEATH	w ) q2	YEAR 3.	TIME OF DEATH	P M
2	1	4. SOCIAL SECURITY NUMBER 214-16-0506	1□#2⊠# 91	in yre. isst birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH t.30,1	901	Md.	CE (State or For	reign
3 should	RECTOR	94. FACILITY NAME (If not institution, give Frederick Mem RESIDENCE OF DECEDENT		1			or Location of C Prick	DEATH		200	of DEAT		
	۵	10a. STATE 10b. COUN	rederick	10c. CI	Jefi	erso						MSIDE CITY LIMITS?	
an. ransit	FUNERAL	3609 Cool Cr					21755			U.S.		COUNTRY?	
215-0020 attending physician. se as the burlal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3XXWIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO		If yes, sp	ENDENT OF HISP/ ecity Cuben, Mexic 2 XNO Spec	an, Puerto	N? (Specify Yes Rican, etc.)	or No- 1	4. RACE — Black, W Specify: White		ın,
21 21 21 20 10 10	LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		We. Do NOT u	work done see retired.)	during mo	ON at of working	16	b. KIND OF BUS				
MARYLAND : retained by the hospital 5 should be detached for notified at once.	COMPLET	11 17. FATHER'S NAME (First, Middle, Last) Fulmer O'Dell P.	almer	home	emake	r	18. MOTHER'S N	AME (First,					
MAR e retained s 5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) Russell W. Will					est Dr.,	Route Nun	nber, City or Town		217	55	
BALTIMORE, or death. Page 6 may be the funeral director, page val.		20e. METHOD OF DISPOSITION 1	noval from State com	PLACE AND DATE etery, crematory or of MITHS but	OF DISPOS	SITION /No	me of	DA		CATION — CI	ty or Town,	State	
SALT r death. e funera al. examil		21. SIGNATURE OF FUNERAL SERVICE	CENSEE		I	onal	d B. Th Main S	OMDS	on Fune	eral H	Tome	21769	
within 24 hours aft nipteely filled in by cremation, or removent, the medical		23. PART 1. Enter the disease, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A	3/eel	not enter	the mo	de of dying, su	ch as car	rdiac or respi	ratory erre	st,	Approxima interval Be Onset and	tween
P.O. BOX 68 th certificate be execu- ending physician and i Hygiene prior to bur or other traumatific	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.										
RDS at the d by the and Me	MEDICAL C	PART II. Other significant condition		ut not resulting	in the ur	nderiying	g cause given in	Pert I.	24e. WAS AN PERFOR 1 TYES 2	MED?	OF	RE AUTOPSY FINILABLE PRIOR 1 MPLETION OF CI DEATH?  YES 2 N	AUSE
N: The law of ficate has been State Dept. of them 23 si	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (C	heck only o	ne)				
F VIT, SICIAN: Th certificate of the State I, or item	IYSI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	- 1	4 🗆 Nur	sing Hom	e 5 🗆 Residence	K -					
ATSION OF VITA ATENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State E 28 is marked, or item	BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	1 🗆 Y	RK? /ES 2 NO		SCRIBE HOW I				
- G G 5 6	COMPLETED	4 Homicide determined	building, etc. (Spec	lly)				City	CATION (Street a r or Town, State)			Number,	
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho	COMP	(Check only one) 2 MEDICAL EXAMIN	ICIAN: To the best of my knowler.  ER: On the basis of examination				eath occured at the	e time, dat		d due to the	cause(s) an		ated.
TO THE De filed v	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  30. NAME AND ADDRESS OF PERSON W		TH (ITEM 27) /5~	Prints		DIE 4			29d. DATE :	3/93	nth, Day, Year)	
		Mil	cheel Behre	W19915	40.00	Mg	21769						
100		31. DATE FILED (MANY BOAR) 19	JJ 32. HEGINTRAH SIGN	Denda P	0.								



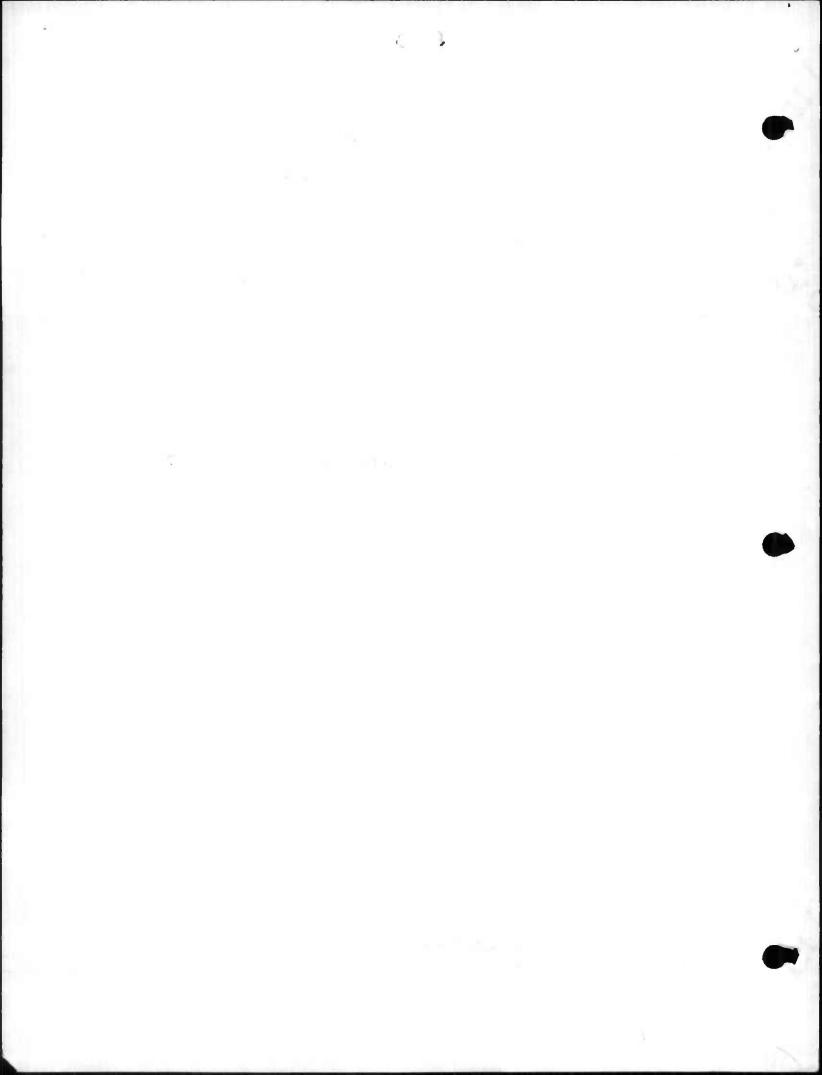
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 STATE	STATE OF MARY	LAND / DEPAR	TMENT OF HEALTH ANI	D MENTAL HYGI	FNF			
	REGISTRAR		CERTIF	ICATE OF DEATH	REG.				
	1. DECEDENT'S NAME (First, Middle, Las	•			2. DATE OF DEATH	1	3. TIME OF DEATN		
	Kathryn	В.	Young		Dec. 2	8,1992	12:35 p. M		
	4. SOCIAL SECURITY NUMBER 578-28-1109	1 ☐ M 2 🂢 F	(In yrs. last birthday) 74 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	7. DATE OF BIRTH		8. BIRTNPLACE (State or Foreign Country)		
RO	96. FACILITY NAME (If not institution, give Meridian Nurs	ing Home		9b. CITY, TOWN OR LOCATION OF Frederic			9c. COUNTY OF DEATN Frederick		
5	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland F	rederick	10c. CIT	r, town on Location Frederick			10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
FUNERAL	G-304 Waverl	y Drive		101. ZIP CODE	1702	711	EN OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 200	13. WAS DECENDENT OF NISI If yes, specify Cuben, Mex 1 VES 2 Spe	ican, Puerlo Ricen, atc.:	Yas or No	14. RACE — American Indian, Black, Whita, arc.		
	15. DECEDENT'S ED (Specify only highest grad	DUCATION de completed)	16a. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF	BUSINESS/INDU	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	nemaker					
E CON	17. FATNER'S NAME (First, Middle, Lest) Edward Gill	aro		16. MOTHER'S	NAME (First, Middle, Main	nown)			
9	190. INFORMANT'S NAME (Type/Print) Rev. Frederick		19b. MAILING	ADDRESS (Street and Number or Run	al Route Number, City or	Town, State, Zip C	Code)		
	20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE (	Waverly Dr.	DATE 200	LOCATION	No. on Town One		
	1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	Ar	lington	Mat. Cemete	ry12/31/	'92 Ft	. Myer, Va.		
	21. SIGNATURE OF UNITED SERVICE RICHARD E	Graf #MOO		22. NAME AND ADDRESS OF	FACILITY		uneral Home d. Md. 21701		
		complications that cause b. Liet only one cause on a	d the death. Dp n	ot enter the mode of dying, s	uch as cerdisc or re	spiratory arres	st, Approximate		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Preumo	A CONSEQUENCE OF	):			interval Between Onset and Death		
ERTIFICATION	disesse or condition	b. Belater DUE TO (OR AS	A CONSEQUENCE OF	s venous th	rombosis		interval Between		
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	s venous th			interval Between Onset and Death		
MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	s venous th	in Part i. 24a, WAS	AN AUTOPSY ORMED?	Interval Between Onset and Death		
MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the condition	DUE TO (OR AS A DUE TO COR AS A DUE TO COR AS A DUE TO COR AS A DUE COntributing to death be	A CONSEQUENCE OF	n the underlying cause given	In Part I. 24a, WAS PERI	AN AUTOPSY CORMED?	interval Between Onset and Death Conset		
MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent conditions and the cause of the conditions of the cause	DUE TO (OR AS A DUE TO COR AS A DUE TO COR AS A DUE TO COR AS A DUE COntributing to death be	A CONSEQUENCE OF	n the underlying cause given	In Part I. 24a, WAS PERI	AN AUTOPSY CORMED?	interval Between Onset and Death Conset		
MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent conditions and the cause of the conditions of the cause	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	n the underlying cause given	in Part i. 24a. WAS PERI 1  YES	AN AUTOPSY CORMED?	interval Between Onset and Death Conset		
	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent conditions of the condition	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	26. PLACE OF DEATN ( OTHER: 4   Nursing Nome 5   Residence OF   28c. INJURY AT	in Part i. 24a. WAS PERI 1  YES	AN AUTOPSY FORMED? 2 TO NO	interval Between Onset and Death Conset		
PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent conditions and the cause of the conditions of the cause	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting in the consequence of the consequence	26. PLACE OF DEATN (1)  THER:  A   Nursing Nome 5   Residence OF   28c. INJURY AT   WORK?  M   1   YES 2   NO	In Part i. 24a. WAS PERI 1	AN AUTOPSY FORMED? 2 TO NO	interval Between Onset and Death Conset		
ED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diasese or injury that initiated eventa resulting in death) LAST  PART II. Other significent condition  Alzhe wers  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural S Pending	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  Detient 3 DOA  28b. TIME INJ	26. PLACE OF DEATN (1)  THER:  A   Nursing Nome 5   Residence OF   28c. INJURY AT   WORK?  M   1   YES 2   NO	In Part i. 24a, WAS PERI 1 VES Check only one) a 8 Other (Specify) 28d. DESCRIBE NO	AN AUTOPSY FORMED?  2 TO NO  N INJURY OCCU	interval Between Onset and Death Conset		
ED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent condition   A Z h C inver S  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Natural 5   Pending Investigation   3   Suicide 8   Could not be determined   296. CERTIFIER (Check only 1   CERTIFYING PNY)	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONS	26. PLACE OF DEATN (1)  THER:  A   Nursing Nome 5   Residence OF   28c. INJURY AT   WORK?  M   1   YES 2   NO	Check only one)  8 Other (Specify)  28d. DESCRIBE NOt  28f. LOCATION (Streetly or Yown, Ste	AN AUTOPSY ORMED? 2 NO N INJURY OCCU of and Number or	interval Between Onset and Death  Weeks  24b. Were Autopsy Findings AMALABLE PRIOR TO COMMETTION OF CAUSE DF DEATH?  1 YES 2 NO  RED		
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent condition   A Z h C inver S  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATN  1   Natural 5   Pending Investigation   3   Suicide 8   Could not be determined   296. CERTIFIER (Check only 1   CERTIFYING PNY)	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	26. PLACE OF DEATN (OTHER: 4   Nursing Nome 5   Residence OF 26c. INJURY AT WORK? 1   YES 2   NO ireet, factory, office	Check only one)  8 Other (Specify)  28d. DESCRIBE NOt  28f. LOCATION (Streetly or Town, Steetle of the cause(a) and retime, date and place,	AN AUTOPSY ORMED? 2 NO N INJURY OCCU of and Number or te) namer as stated and dus to the o	interval Between Onset and Death  COMPANDE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  RED  Rural Route Number,  cause(a) and manner as stated.		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST  PART II. Other significent condition  A   Z	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	26. PLACE OF DEATN ( OTHER: 4   Nursing Nome 5   Residence OF   29c. INJURY AT   WORK? M 1   YES 2   No   Interest tectory, office	Check only one)  8 Other (Specify)  28d. DESCRIBE NOT  28f. LOCATION (Streetly or Town, Steetle of the cause(a) and retime, date and place,	AN AUTOPSY ORMED? 2 NO N INJURY OCCU of and Number or te) namer as stated and dus to the o	interval Between Onset and Death  Weeks  24b. Were Autopsy Findings AMALABLE PRIOR TO COMMETTION OF CAUSE DF DEATH?  1 YES 2 NO  RED		
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent condition  A Z he weeks  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 yes 2 no  27. MANNER OF DEATN  1 Natural 5 Pending Investigation 29 Accident Investigation of bed datermined  29e. CERTIFIER Check only 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIES  30. NAME AND ADDRESS OF PERSON WITH CONTROL OF PERSON WI	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONS	26. PLACE OF DEATN ( OTHER: 4   Nursing Nome 5   Residence OF   29c. INJURY AT   WORK? M 1   YES 2   No reet, factory, office  d at the time, data and place, and death occurred at the second of the	Check only one)  8 Other (Specify)  28d. DESCRIBE NOT  28f. LOCATION (Streetly or Town, Steetle and place, UMBER	AN AUTOPSY ORMED?  2 NO  N INJURY OCCU  et and Number or te)  namer as stated and due to the control  29d, DATE S	Interval Between Onset and Death  Weeks  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  RED  Rural Route Number,  Cause(s) and manner as stated.  SIGNED (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significent conditions and the cause of the conditions of	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF A CONS	26. PLACE OF DEATN (1)  26. PLACE OF DEATN (1)  OTHER: 4   Nursing Nome 5   Residence GOF   26c. INJURY AT   1   YES 2   NO   Irrest, factory, office  d at the time, data and placa, and do in, in my opinion, death occured at the state of t	Check only one)  8 Other (Specify)  28d. DESCRIBE NOT  28f. LOCATION (Streetly or Town, Steetle and place, UMBER	AN AUTOPSY ORMED?  2 NO  N INJURY OCCU  et and Number or te)  namer as stated and due to the control  29d, DATE S	Interval Between Onset and Death  Weeks  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  RED  Rural Route Number,  Cause(s) and manner as stated.  SIGNED (Month, Day, Year)		

Luka Lurdson-Randson

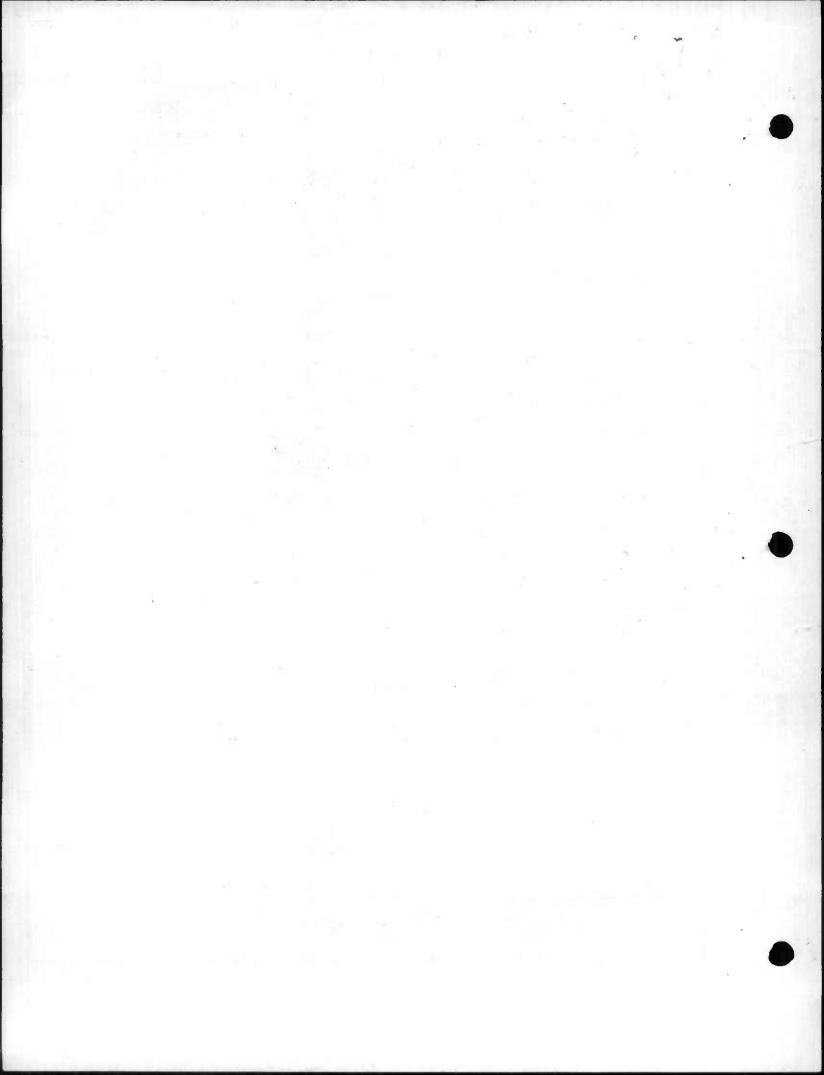
: To the step of marke market max 

	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND DEATH		GIENE 92	-38303		
= p	DECEDENT'S NAME (First, Middle Jells     Over 1     SOCIAL SECURITY NUMBER	GAMB DE LAMA		RTON	2. DATE OF DE	4 19	year 2340		
	9e. FACILITY NAME (If not institution, giv	1 M 2 🗆 F	VRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRT (Month, Day, V	92	BIRTHPLACE (State or Foreign Country)  Y OF DEATH		
стов	ST. AGNES HOSE		BAL	TIMORE					
L DIRECTO	10e. STATE 10b. COUL	BALTO		MORE			10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL		12. WAS DECEDENT EVER IN U.S. ARI		OI. ZIP CODE	07		USA		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 N	O If yes, s	CENDENT OF HISPA specify Culters, Mexic S 2 12 NO Spec	can, Puerto Rican, e	ify Yes or No—	I. RACE — American Indian, Black, White, etc. Specify: BLACK		
LETED	15. DECEDENT'S EI (Specify only highest gri Elementary/Secondary (0-12)	de completed) (Gi	CEDENT'S USUAL OCCUPAT we kind of work done during n Do NOT use retired.)	TION nost of working	18b. KIND (	OF BUSINESS/INDUS			
COMPL	17. FATHER'S NAME (First, Middle, Lest)				AME (First, Middle, A				
TO BE	19a. INFORMANT'S NAME (Type/Print)	196	MAILING ADDRESS (Street		HELLE  I Route Number, City	HOR or Town, State, Zip C			
ļ	20a. METHOD OF DISPOSITION  1 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State 20b. PLACE A cometery, cree	ND DATE OF DISPOSITION (I matory or other place) WEATHED	Name of Cem	1	OC. LOCATION CH	y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE	Jan L	HUBBA	ARD FUNE	RAL HOME	, INC.	E. MD. 21229		
	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications that caused the des. List only one pure on each line.  a. CARD/ORES  DUE TO (OR AS A CONSEC	ath. Do not enter the m	ode of dying, su	ch as cardiac or	respiratory arres	Approximate interval Bette Onset and E		
N	Sequentially list conditions,	DUE TO (OR AS A CONSECUTION OF THE PROPERTY OF					and 40		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):							
A		ona contributing to death but not re	eaulting in the underlyle	ng cause given in	n Part I. 24a, W	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO		
: MEDIC					101	YES 2 NO	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpetient 3	OTHER:	PLACE OF DEATH (C		SAI			
ву РНУ	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c, IN	JURY AT YORK? YES 2 NO		HOW INJURY OCCU	RED		
	3 Suicide 6 Could not b	28a PLACE OF IN HIRV - At hos	Street and Number or State)	Rural Route Number,					
COMPLETED		SICIAN: To the best of my knowledge, der							
TO BE C	296. SIGNATURE AND TITLE OF CENTIF	than, M-D	29c. LICENSE NUMBER  D 20219			29d. DATE SIGNED (Month			
F	40 45 FRAGIL	F SAILWAY		042	*:	•			
	FEB 22 93	32. REGISTRAR 9 SIGNATURE							



the barte transit permit. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	DEATH AND	MENTAL HYGIEI	- 0/ /	-38304
1. DECEDENT'S NAME (First, Middle, Last	SNOW				Novemb	DAY YA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  032-10-7771D  9a. FACILITY NAME (If not Institution, give	1 M 2 F 8	6 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/28/19(		BIRTHPLACE (State or Foreign Country) lassachuset
Avalon Manor HESIDENCE OF DECEDENT	Nursing Hom			motour			nington
	keley		artins			Top ortizer	10d. INSIDE CITY LIMITS? 1 YES 2 NO NOF WHAT COUNTRY?
P.O.Box 174				25401		US	A
3 🔀 Widowed 4 🗌 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: hite
15. DECEDENT'S EL (Specify only highest gra-	College (1-4 or 5+)	life. Do NOT use	k done during mo retired.)	ON st of working	16b. KIND OF BI		
12th 17. FATHER'S NAME (First, Middle, Lest)		cleri	lca1	16. MOTHER'S NA	ME (First, Middle, Maide	nment	
Eben E. Higg	ins			Nina A			
19a. INFORMANT'S NAME (Type/Print) Robert Snow					Route Number, City or To		
20a. METHOD OF DISPOSITION	20	L PLACE OF DISPOSIT					Va. 25427
21. SIGNATURE OF FUNERAL SERVICE		Rosedale	Rosed	ale Fur	neral Cha	apel	.Va. 25401
23. PART I. Enter the disease, p ahock, or heart fellum immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Metas  DUE TO (OR AS  DUE TO (OR AS	ech line.	f co			piratory arres	t, Approximata interval Betwe Onset end Det
PART II. Other algorificant condition	one contributing to death	but not resulting in	the underlyin	g cause given in	Part I. 24e. WAS A PERFC	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:			LACE OF DEATH (C	heck only one)		
1 YES 2 NO	1   Inpetient 2   ER/Out	petient 3 DOA			6 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		26b. TIME INJUI	M 1	DRK? YES 2 NO	28d. DESCRIBE HOW		
	e building, etc. (Spe	Y At home, farm, str	eet, factory, offic		261. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
anal and	SICIAN: To the best of my known NER: On the basis of examination						
296. SIGNATURE AND TITLE OF CERTIF	IER 1	MA		29c. LICENSE NU	1MBER 4162		IGNED (Month, Day, Year)
	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, F				,	
31. DATE FILED (Month, Day, Year)	22 DEGISTO ADSTAGE			16 tom	St. Hage	100	MMD 21741



ould be detached for use as the burial-transit permit. Pages 1, 2, 3 should

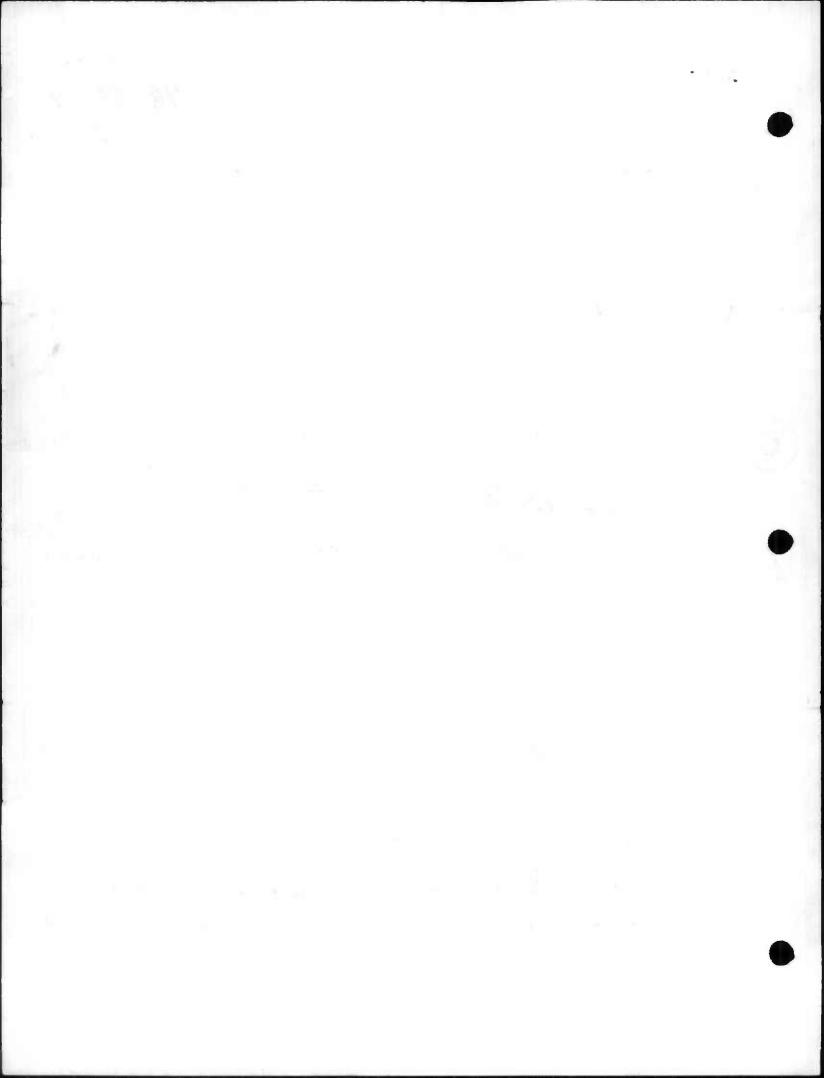
led by the hospital or attending physician. RYLAND 21203-3146

FOR STATE REGISTRAR

1 -

,	1. DECEDENT'S NAME (First,		Cal-			11)=<	's E	TLS	2. DATE MONTH	OF DEATH	AY OC	YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMB		rt Staples	6. AGE (In yrs. las	t hirthrian	IF UNDER 1	_	IF UNDER 24 HRS.	7. DATE	DE BIRTH /	1770	A RIDTI	IPLACE (State or Foreign
			1 M 2 D F	178	YRS.		DAYS	HOURS MIN.	(Month	, Day, Ybar)		Count	(γ)
	214-07-872 9e. FACILITY NAME (If not in			/0		9b, CITY	TOWN C	OR LOCATION OF DE		15-14		NTY OF E	irginia MEATH
DIRECTOR	PENINSULA RESIDENCE OF DEC			CAL CENT	ER			BURY				COM	
EC	10a. STATE	10b. COUNT				Y, TOWN OF	LOCAT	ION					10d. INSIDE CITY LIMITS?
	Virginia	Acc	comack			Oak	Hal	l					1 X YES 2 NO
	10e. STREET AND NUMBER						101	ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
FUNERAL	N/A							23416				JSA	
5	11. MARITAL STATUS	Married		T EVER IN U.S. AF				ENDENT OF HISPAI			e or No—	Blac	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divo		IF YES, GIVE Y	WAR OR DATES		1	YES	2 NO Specif	<b>y</b> :			Spec	www.white
8	15. DEC (Specify only	EDENT'S EDU y highest grade	ICATION completed)	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON st of working	16b.	KIND OF BU	JSINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0	1	College (1-4 or 5	+)				at of working	1.	<b>)</b> - 1 - 4 !			
MP	17. FATHER'S NAME (First, M	licidle 1 and		1 5	eii-E	mplo	yed	40 MOTHER		Paintir		ntrac	tor
8	Ray Wesse							18. MOTHER'S NA					
BE	198. INFORMANT'S NAME (1			19	b. MAILING	3 ADDRESS	(Street s	IVIATED  INDUSTRIES  INDUSTRIES				o Gode)	
2	Donald We		Sr.					ville, VA			( )	1	
	20a. METHOD OF DISPOSIT	ION		20b. PLACE other p.	OF DISPO			metery, crematory or			OCATION —	City of To	own, State
	4 Donation 5 Dother	(Specify)				s Cei	met	ery			ak H	11.	/A
	21. SIONATURE OF FUNERA	L SERVICE LI	CENSEE	/_/		22. N	AME A	nd address of fa hornton F	LIDer				1 Williams
	1 lu	20	1.51	anh				arksley, \			140		W1
	23. PART I. Enter the d shock, or h		complications the			not enter	the mo	de of dying, suc	ch aa card	diac or resp	olratory ar	reat,	Approximate interval Between
	IMMEDIATE CAUSE (FI							4					Onset and Death
	disease or condition resulting in death)	<b>→</b>		brovas			cc	clent					1-2 wks
_			DUE IC	SEMUJ A CA NUT	WUENUE (	or j.							
CERTIFICATION	Sequentially list condit		b. DUE TO	OR AS A CONSE	OUENCE (	OF):							
3	ceuse. Enter UNDERLY CAUSE (Disease or Inju	ING	c										
E	that initiated eventa resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE (	OF):							
EH	Touring in Godin LAG		d										<u> </u>
	PART II. Other aignifice	ent condition	na contributing to	desth but not	reaulting	in the un	derlyin	g ceuse given in	Part I.		N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL										1 TYES			COMPLETION OF CAUSE OF DEATH?
ME									_				1 TES 2 NO
Z.													
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:		• E = = :	OTHER	1:	LACE OF DEATH (C	III- v m T				
HYS	1 TYES 2 TO NO		1 Pinpatient 2	ER/Outpatient F INJURY	3 DOA 26b. Til	-		ne 6 🗆 Residence		r (Specify) SCRIBE HOW	INJURY OC	CURED	
	1 Natural 6	Pending Impetion		Day, Year)		IJURY M	W	YES 2 NO					
) BY	2 Accident 3 Suicide 6	Investigation Could not be		OF INJURY At h	ome, farm,	street, fact	ory, offic	ce	26f. LOC	ATION (Stree or Town, Stat	t and Numbe	or or Rural	Route Number,
COMPLETED	4 Homicide	determined	ounding	, and (opposity)					City	o. rown, atar	9)		
PLE	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	of my knowledge, d	leath occur	rred at the ti	me, det	and place, and du	e to the ce	use(a) and m	anner se ste	nted.	- Serville Sage
MO	ana)	DICAL EXAMIN	ER: On the besid of	examination end/or	Investigat	ion, in my o	pinion,	death occured at the	e time, dete	and place, i	and due to t	the cause	(e) and menner se stated.
BE C	29b. SIGNATURE AND TITLE	E OF CERTIFIE	ER /)		_			29c, LICENSE NU	JMBER		29d. DA	TE SIGNE	D (Month, Day, Year)
TO B	St	phe	pane	- me	7			D4	1/12	.1	<b>•</b>	1/1	/93
=	30. NAME AND ADDRESS &	^	HO COMPLETEO CAI	JSE OF DEATH (IT	EM 27) (Typ	oe, Print)	0			- 0		<	ilis bury Md.
6	31. DATE FILED (Month, Day)		aulos	M.D.		560	KW	erside D	r. Dr	ute B	101	00	iks bury Md.

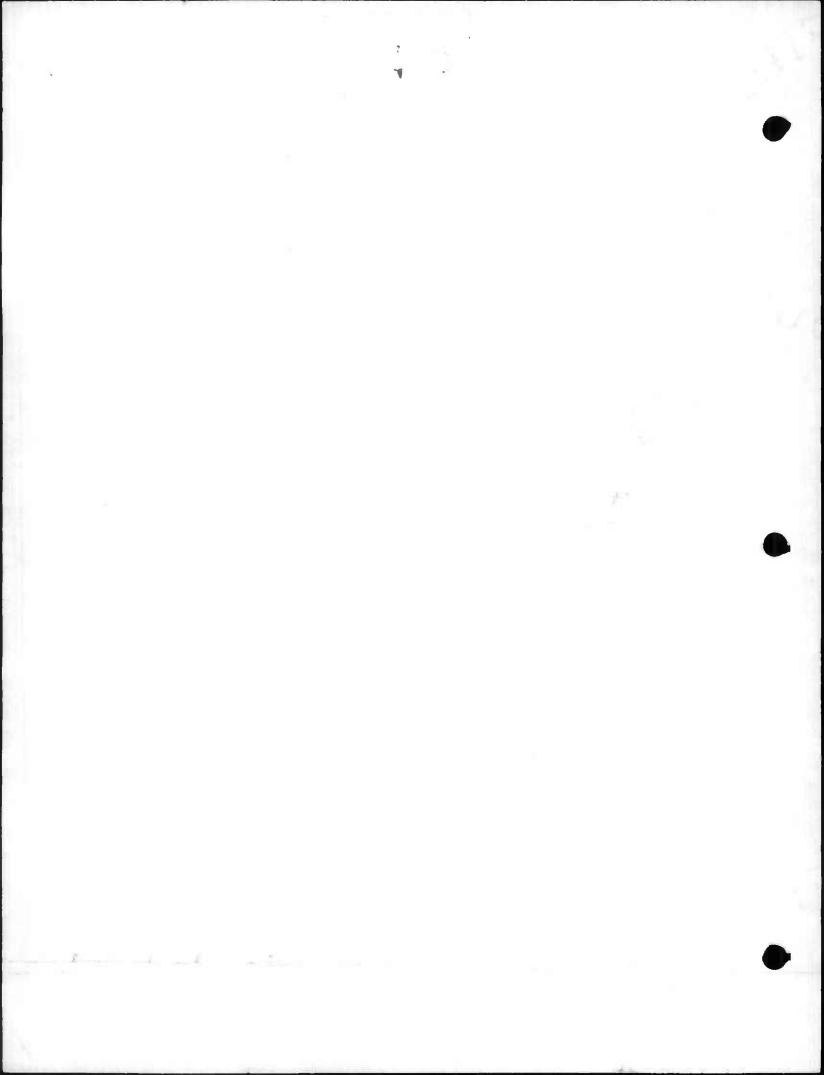
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92-38305



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should this State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	L ROBINSON	CERTIFICA	TE OF DEATH	D MENTAL HYGIE REG. N	o. /ox	-38306
1. DECEDENT'S NAME (First, Middle, Lust	0 1	son		2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (III	yrs. last birthday) IF UM YRS. MONTH	DER 1 YEAR IF UNDER 24 HI B DAYS HOURS MH	12/20		BIRTHPLACE (State or Foreign Country)
St. Agnes  RESIDENCE OF DECEDENT	Hospital	9b. C	B2 Hmare		9c. COUNTY	OF OEATH
10e. STATE 10b. COUNTY MARYLAND	пу	73.000.00	N OR LOCATION TIMORE			10d. INSIDE CITY LIMITS? 1 XXES 2 NO
10. STREET AND NUMBER 4707 BELWOOD GRE 11. MARITAL STATUS	EN		10f. ZIP CODE 2122	7		S.A.
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 000	3. WAS DECENDENT OF HIS If yes, specify Cubin, Me 1 YES 2 NO S	xican, Puerto Rican, etc.)		BLACK
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working	16b. KIND OF B	USINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Lest)	E PORTIGO		16. MOTHER'S	NAME (First, Middle, Maide	n Surname)	
SHELDON  19a. INFORMANT'S NAME (Type/Print)	T ROBINSON	10h MAII ING ADOD	ESS (Street and Number or Ri	CAROL		
SHELDON T. ROBIN	SON (FATHER)		WOOD GREEN	BALTIMORE,		· ·
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Re		PLACE AND DATE OF DISP	OSITION (Name of		OCATION — City	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		NEW CATHE		2/17/93	BALTO	MD.
Souther	Ithe guss	L 1	EORY M. & R 630 EDMONDS	USSELL C. WOON AVENUE, C	ATONSV	FUNERAL HOME
A. PART J. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	. List only one cause on ea	ch line.	,		piratory arrea	Approximate interval Between Onset and De
resulting in death)		CONSEQUENCE OF	taller	e.		1 hr. 42 r
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		extreme consequence of):	Faller	rity.		1 hr. 42 n
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS A of	CONSEQUENCE OF):				
PART II. Other significant condition	ons contributing to death bu	it not resulting in the	underlying cause giver	in Part i. 24a. WAS A PERFO	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
					2 🗆 🗝	
						OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	flent 3 DOA 4 DA				
25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1  YES 2 NO  27. MANNER OF DEATH	1 Minpetient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)				INJURY OCCUP	1   YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	ER: fursing Home 5 Resider  28c. INJURY AT WORK?  1 YES 2 NO	ce 6 Other (Specify)	t and Number or	1   YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY	28b. TIME OF INJURY M  At home, farm, street, f	ER: hursing Home 5   Resider  28c. INJURY AT WORK? 1   YES 2   NO  actory, office  e time, data and place, and	28d. DESCRIBE HOW  28d. DESCRIBE HOW  28f. LOCATION (Stree City or Town, State  due to the cause(a) and m	t and Number or	1   YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Specification)  SICIAN: To the best of my knowle  NER: On the basis of examination	28b. TIME OF INJURY M  At home, farm, street, f  y)  Adde, death occurred at the and/or investigation, in m	ER: hursing Home 5   Resider  28c. INJURY AT WORK? 1   YES 2   NO sectory, office  e time, data and place, and y opinion, death occurred at	28d. DESCRIBE HOW  28d. DESCRIBE HOW  281. LOCATION (Stree City or Town, State  due to the cause(a) and muthe time, date and place,	t and Number or e) enner as stated, and due to the c	1   YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, etc. (Specification)  SICIAN: To the best of my knowle NER: On the basis of examination  ER	28b. TIME OF INJURY M  At home, farm, street, fix)  At home, farm, street, fix)	ER: hursing Home 5   Resider  28c. INJURY AT WORK? 1   YES 2   NO sectory, office  e time, data and place, and y opinion, death occurred at	28d. DESCRIBE HOW  28d. DESCRIBE HOW  281. LOCATION (Stree City or Town, State  due to the cause(a) and muthe time, date and place,	anner as stated, and due to the c	1   YES 2   NO

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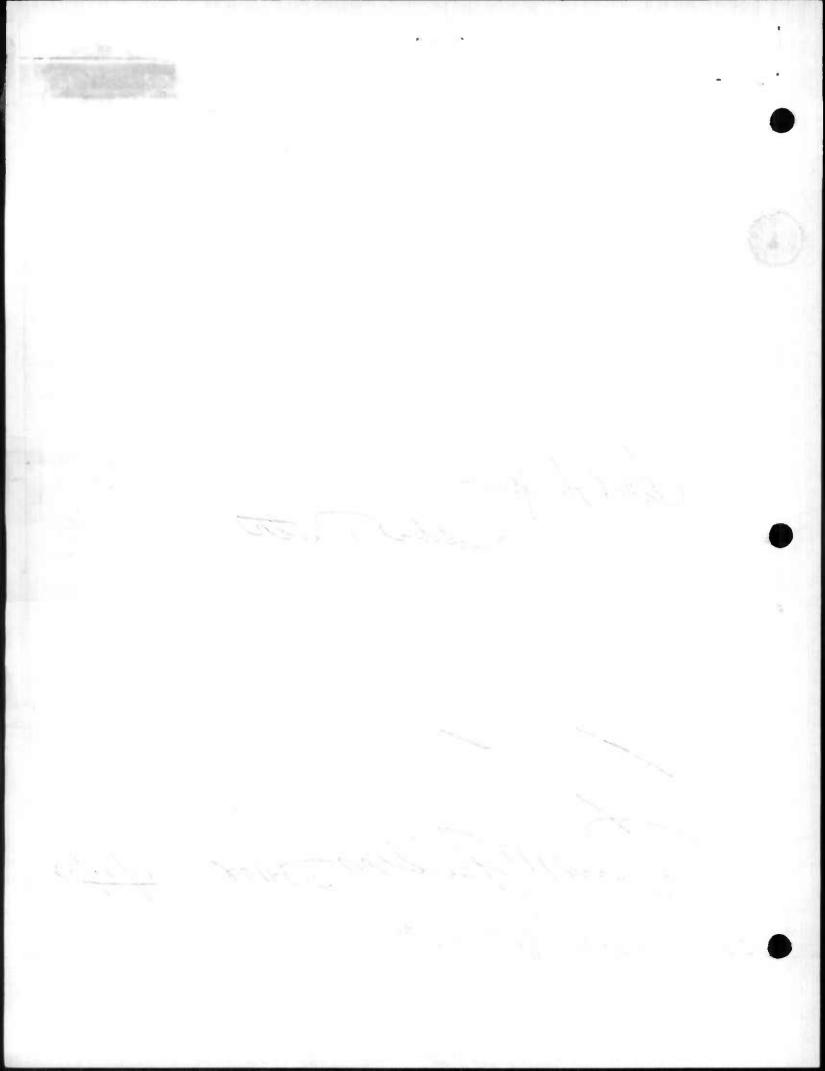


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	state Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	22
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92	-38307

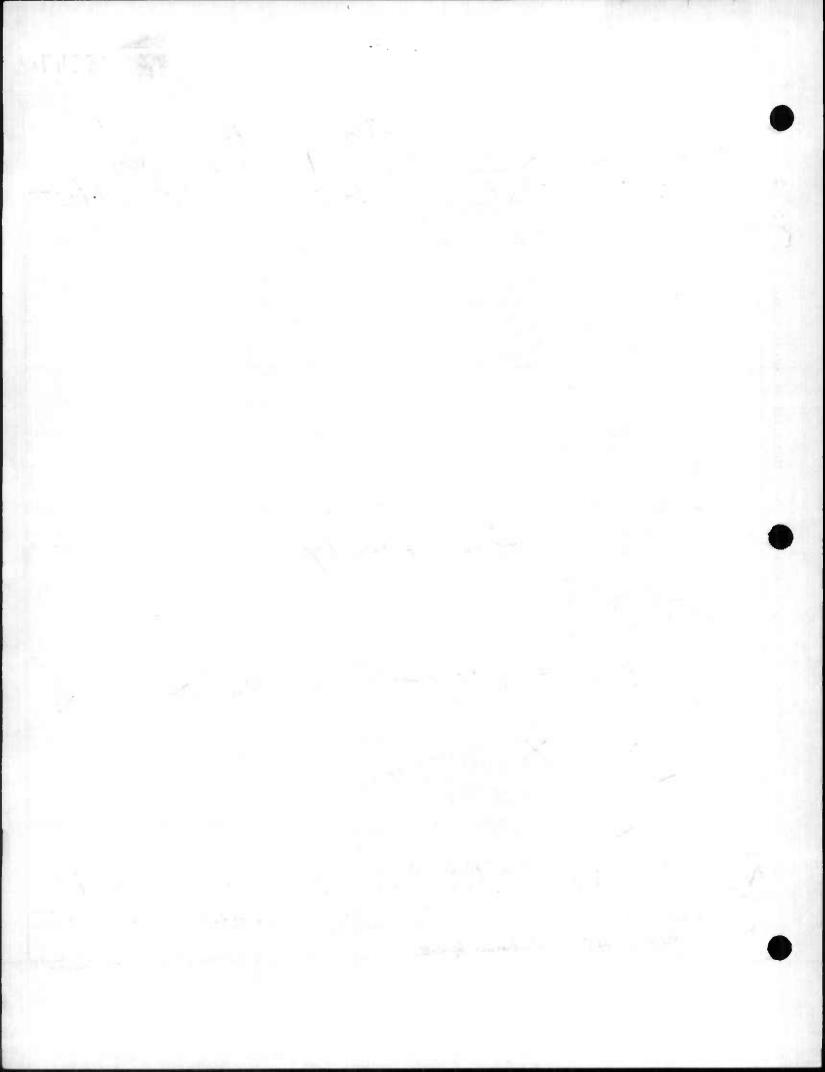
-	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN REG. NO.	E 92	2-38307
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF DEATH	/A AI	3. TIME OF DEATH
		MAE HAI				Dec. 26,	1992	9:00 P. M
	4. SOCIAL SECURITY NUMBER	. m M	n yrs. lest birthday)	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	217-34-2006  Se. FACILITY NAME (If not inetitution, give		92 YRS.	Oh CITY TOWN	OR LOCATION OF DE	May 24, 19	9c. COUNTY	Maryland
DIRECTOR	Box 28 Route 242			Bushwo		AIR		Mary's
REC	10a. STATE 10b. COUN			TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
		. Mary's		Bushwood				1 - YES 2 NO
FUNERAL	10s. STREET AND NUMBER	2		10	20.C10			OF WHAT COUNTRY?
N	Box 28 Route 24				20618			S.A.
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No — 14.	RACE — American Indian, Black, White, atc.
B	3 📉 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DA	ITES	1 _ YES	2 NO Specify			Specify: White
E	15. DECEDENT'S ED (Specify only highest grad	UCATION		B USUAL OCCUPATE		16b, KIND OF BUS	SINESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	He. Do NOT	use retired.)	st or working	_	- 2	
COMPLET	8th Grade		Che	cker		Lat	indroma	at
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		
BE	John Kenelua	m Cheseldi			Mary	Virgir		Long
2	19a. INFORMANT'S NAME (Type/Print)					Noute Number, City or Tow		de)
	Lucy J. Ramos					Maryland 2		
	20a METHOD OF DISPOSITION 1 Burlel 2 Germation 3 Mar 4 Donation 5 Other (Specify)	moval from State Come	PLACE AND DATE	OF DISPOSITION (No	harra 12/	29/92 Bus	CATION — City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE &	CENSEE /-	стеа пе					
	Nain A	Muy						Home, P.A.
-	Mund III	There ?						aryland 20650
	23. PART I. Enter the diseases, or ahock, or heert fallure	. List only one cause, on ea	ich line.	not enter the mo	of dying, such	h sa cerdlec or respi	ratory errest	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	5	action	11/	well			Onset and Daeth
	resulting in deeth)	aDUE TO (OR AS A	CONSEQUENCE	25.				
_	_	DOE TO TON AS A	CONSECUENCE	or).				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE (	OF):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
E	thet initiated eventa	DUE TO (OR AS A	CONSEQUENCE (	OF):				
ER	resulting in death) LAST	d						
AL C	PART II. Other aignificent condition	ona contributing to deeth be	ut not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
9						1 YES 2	U NO	OF DEATH?
2						_		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		/	28. P	ACE OF DEATH (Che	ack only one)		
SIC	1 YES 2	HOSPITAL: 1   Inpatient 2   ER/Output	ntient 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	6 Other (Specify)		
E	27. MANNER O DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN.	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, offic		28f. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
E I								
P.L		SICIAN: To the best of my knowle	dos, death occur	red at the time, data	and place, and dua	to the cause(s) and mar	mer as stated.	
COMPLETED	2 MEDIGAL EXAMIN	HER: On the passings deminated	soctor influtiget	In my opinion, o	leath occured at the	time, data and place, an	d dua to the cr	suse(a) and manner as stated.
BE	296. BIGHATURE AND TATLE OF CERTIF	11/10	lub	Me	29c. LICENST NUM	Byth G S	29d. DATE S	GNED (Mgrate Day Year)
TO 8	1, /000	/ /			1///		> 49	11-11
	30. NAME AND ADDRESS OF PERSON W		TN (ITEM 27) (Typ	e, Print)			1	
	David Federle, M							
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNA	- Kandell					



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1	,	5	DIVISION OF VITAL RECORDS, P.O. BOX 68	S	0	7	4	ب	H.	5	×	ă	, D	o	8	×	9
1	FINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	OR.	ATTEN	DING	PHY	SICIAN	The	MP	regu	ires	that	the	death	certif	ficate	pe	xecut
Ý	THE RALL DIRECTOR: After this certificate has been sinned by the attending physician and c	DIR	ECTOR:	After	this	certific	ate h	as b	S UNN	sinne	A P	the	atten	ding	physic	San	and

	REGISTRAR	CERTIFICATE	OF DEATH	REG. NO.	101	
	1. DECEDENT'S NAME (First, First 2)  Marcus Neal Thomas, 1  4. SOCIAL SECURITY NUMBER 15-SEX			2. DATE OF DEATH DAY	5-92	3. TIME OF DEATH 2:30
	V24	8. AGE (In firs. lest birthday)  FUNDER  WONTHS  99. CITY	DAYS HOUSE MIN.	7. DATE OF BIRTH (Month) 11-6-92	M	aryland
CTOR	Sin ai Hospital		altimore		9c. COUNTY OF D	N/A
DIRECTOR	Maryland 106. cdu/htv N/A	10c. CITY, TOWN O	timore			10d. INSIDE CITY LIMITS? t X YES 2 NO
FUNERAL	3110 Windsor Avenue		101. ZIP CODE 21216		U.S.A	
BY FUN	11. MARITAL STATUS 12. WAS DECEDENT	YES ZYNO	MAS DECENDENT OF HISPANI f yes, specify Cuban, Mexican O YES 2 NO Specify:	, Puerto Rican, etc.)	or No- 14. RACE	— American Indian. c, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Ele rentary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.)	CCUPATION furing most of working	166. KIND OF BUSH	NESS/INDUSTRY	
ш	17. FATNER'S NAME (First, Middle, Lest) Marcus Neal Thomas, Si		Nicol	e Marie A	Adams	
TO B	19a. INFORMANT'S NAME (Type/Print)  Claudette Wilson		(Street and Number or Rural Rudsor Ave.,			21216
CERTIFICATION	Sequentially list conditions 6.	OR AS A CONSEQUENCE OF):	aly_		,	Onset and
SAL	PART II. Other significant conditions centributing to de	eath but not resulting in the unit	derlying cause given in F	Part I. 24a. WAS AN AN PERFORM	ED?	AVAILABLE PRIOR TO
: MEDICAL	PART II. Other significant conditions contributing to de		-3/ mecho gei	PERFORM 1 PES 2X	ED?	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES
PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST  d.  PART II. Other significant conditions contributing to death  Remain R  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	eath but not resulting in the und  3 0  ER/Outpatient 3 DOA OTHER 4 Nurs  NJURY Year) 28b. TIME OF INJURY M	28. PLACE OF DEATN (Chec: ing Nome 5   Residence 6 28c. NIJURY AT WORK? 1   YES 2   NO	PERFORM 1 VES 2X	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL	That initiated events resulting in death) LAST  d.  PART II. Other significant conditions contributing to death  Remain R  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	esth but not resulting in the und  30 -  ER/Outpettent 3 DOA OTHER 4 Nurs  NJURY 28b. TIME OF INJURY M  INJURY At home, ferm, street, factor, (Specify)	26. PLACE OF DEATN (Checking Nome 5   Residence 8 28c. INJURY 1   YES 2   NO bry, office	PERFORM  1 VES  1 VES  284. Only one)  Other (Specify)  284. DESCRIBE HOW INJ  281. LOCATION (Street and City or Town, State)	JURY OCCURED  d Number or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?



4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday YEAR 24 HRS 1 M 2 F Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH Co. GENERAL CARROLL DIRECTOR WESTMINSTER RESIDENCE OF DECEDE 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Carroll Westminster FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 168 South Springdale Road 21158 11. MARITAL STATUS Infant 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 0 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached once. 17. FATHER'S NAME (First, Middle Leet) 18. MOTHER'S NAME (First, Middle, Maiden Surname) retained by the Ħ Charles Anthony Nichols BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hosp/birth record 25 2 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removel from State
4 Donation 5 Other (Specify) hospital 20b. PLACE AND DATE OF DISPOSITION (Name of Carroll Co. Gen. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY None medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 6 filled in shock, or heart failure. List only one cause on each line 6 IMMEDIATE CAUSE (Final cremation, the disease or condition resulting in death) and completely fi burial, cremation event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION been signed by the attending physician and t, of Health and Mental Hygiene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL amy Shows PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN; The law I FUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. STANT: If Nem 28 is marked, or Item 23 s 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 1 ☐ Inpatient 2 🕅 ER/Outpatient 3 ☐ DOA e 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 1/ Natural 16 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide At home, farm, street, factory, office 8 Could not be COMPLETED 4 Homicide 1AH 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kn curred at the time, dats and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL TO THE FUNERAL C be filed within 72 h 2 MEDIÇAL EXAMINER: On the besis of examination end/or investigation, in my opinion, de 29b. SIGNATURE AND TITE 29c. LICENSE NUMBER BE 62 2 WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 17.

FOR

Leslie

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Danielle

Fr

31. DATE FILED (Month, Day, Year)
MAR 8 '93

1640

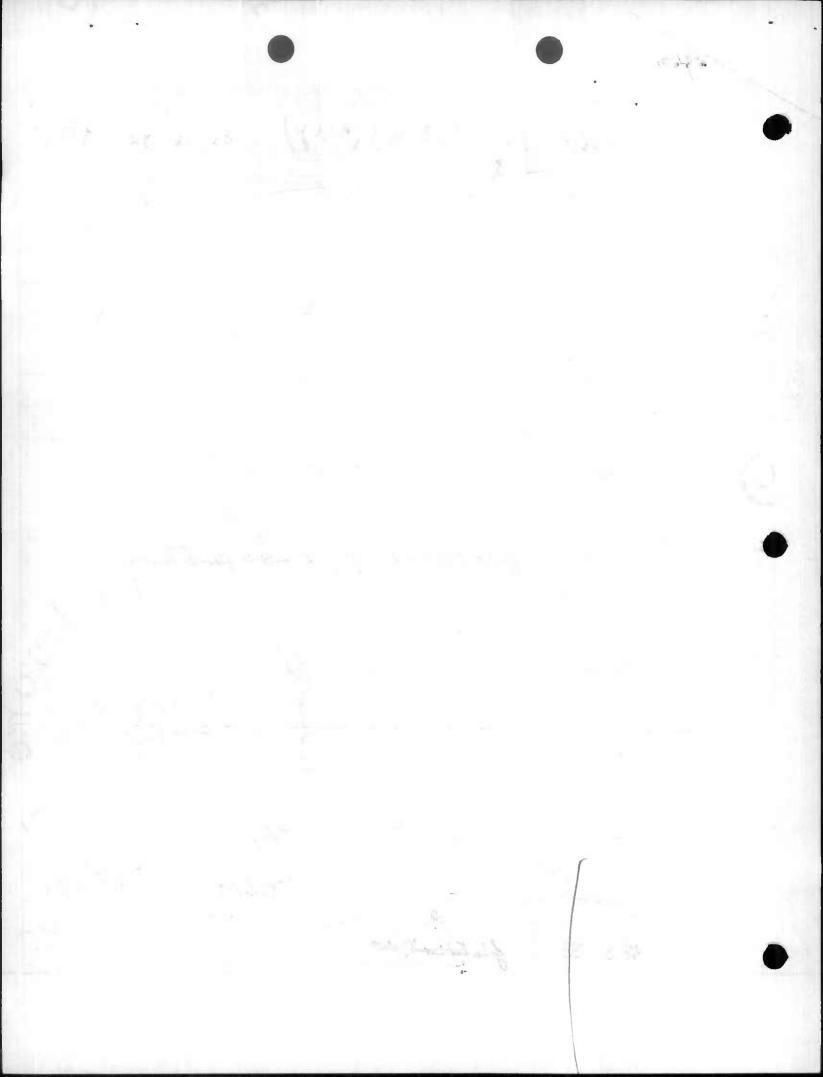
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 0 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Fo 9c. COUNTY OF DEATH CARROLL 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA RACE — American Indian, Black, White, etc. 16b. KIND OF BUSINESS/INDUSTRY Kathy Lynn Yingling 20c. LOCATION - City or Town, State Westminster, Md Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? YES 2 "NO 1 YES 2 | NO 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) th occured at the time, data and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day

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542 WASHINGTON RIL #302

32. REGISTRAR'S SIGNATURE"

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to the control of the c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st he find within 72 hours after death with the State Dect. of Health and Mental Molete prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not
PITA	ERA	T
HOS	FUN	AN
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101	2	MP

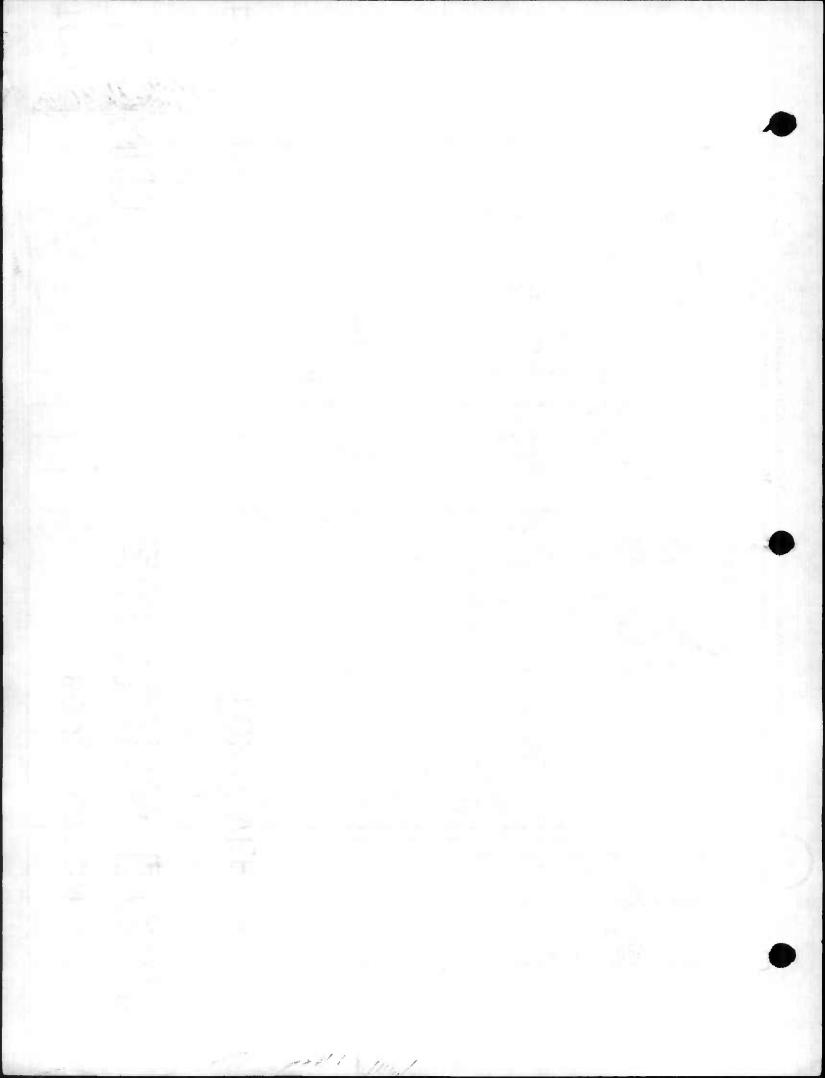
1. DECEDENT'S NAME (First, Middle, Last)	Ma	VISON	ATE OF DEATH	2. DATE OF DEA	TH	3. TIME OF DEATH
Travon De Andr	5. SEX 6. AG		FUNDER 1 YEAR IF UNDER 24 HONTHS DAYS HOURS M	RS. 7. DATE OF BIRTI	78 / 7 IN bar) 1492	BIRTNPLACE (State or Foreign quantry)  Mary (AM)
9a. FACILITY NAME (If not institution, give see the second of the second	Mayland	Med Gr	Batti More	OF DEATH	Be, COUNT	Y OF DEATH
10a. STATE 10b. COUNT			TOWN OR LOCATION		10	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	PG venue Apt. <i>i</i>		imore City  101. ZIP CODE 20746	00	10g. CITIZI	1 🛛 YES 2 🗌 NO EN OF WHAT COUNTRY?
11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF N If yes, specify Cuban, M 1 YES 2X NO	exican, Puerto Rican, e		4. RACE — American Indian, Black, White, etc. Black
15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12)  17. FATNER'S NAME (First, Middle, Last)	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working	16b. KIND (	OF BUSINESS/INDU	STRY
17. FATNER'S NAME (First, Middle, Last)			18. MOTNER Mar	S NAME (First, Middle, M	Maiden Surname)	
19a. INFORMANT'S NAME (Type/Print)			ODRESS (Street and Number or I			
Maria Madison  20s. METHOD OF DISPOSITION  1 Burlel 2 Cremetton 3 Ren		6368 20b. PLACE ANO OATE Of cemetary, crematory or			amp Sprii	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME ANO ADDRESS (	DF FACILITY		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF):	Ventri	ingitis		
PART II. Other algnificant condition	d	h but not resulting in	the underlying ceuse give	P	NAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PLACE OF DEAT	H (Check only one)		
1 VES 2 NO  27. MANNER OF DEATN  1 Natural 8 Pending Investigation	1 ☐ Inpetient 2 ☐ ER/O 28a. DATE OF INJUF (Month, Day, Yea	rutpetient 3 DOA 4	□ Nursing Nome 5 □ Resid	28d. DESCRIBE	NOW INJURY OCC	URED
2 Accident investigation 3 Suicide 6 Could not be determined	25e. PLACE OF INJU building, etc. (S	IRY — At home, farm, str specify)	eet, fectory, affice	251. LOCATION City or Town	(Street and Number ( ), State)	or Rural Route Number,
anni anni	ER: On the basis of example		at the time, data and place, an in my opinion, death occured 29c. LICENS	at the time, data and pi	ace, and due to the	d. cause(a) and manner as stated. SIGNED (Month, Day, Year)
(Check only one) 2 MEDICAL EXAMIN	ER: On the basic of example)	M, D1	In my opinion, death occured 29c. LICENS	at the time, data and pi	29d, DATE	cause(a) and manner as stated.

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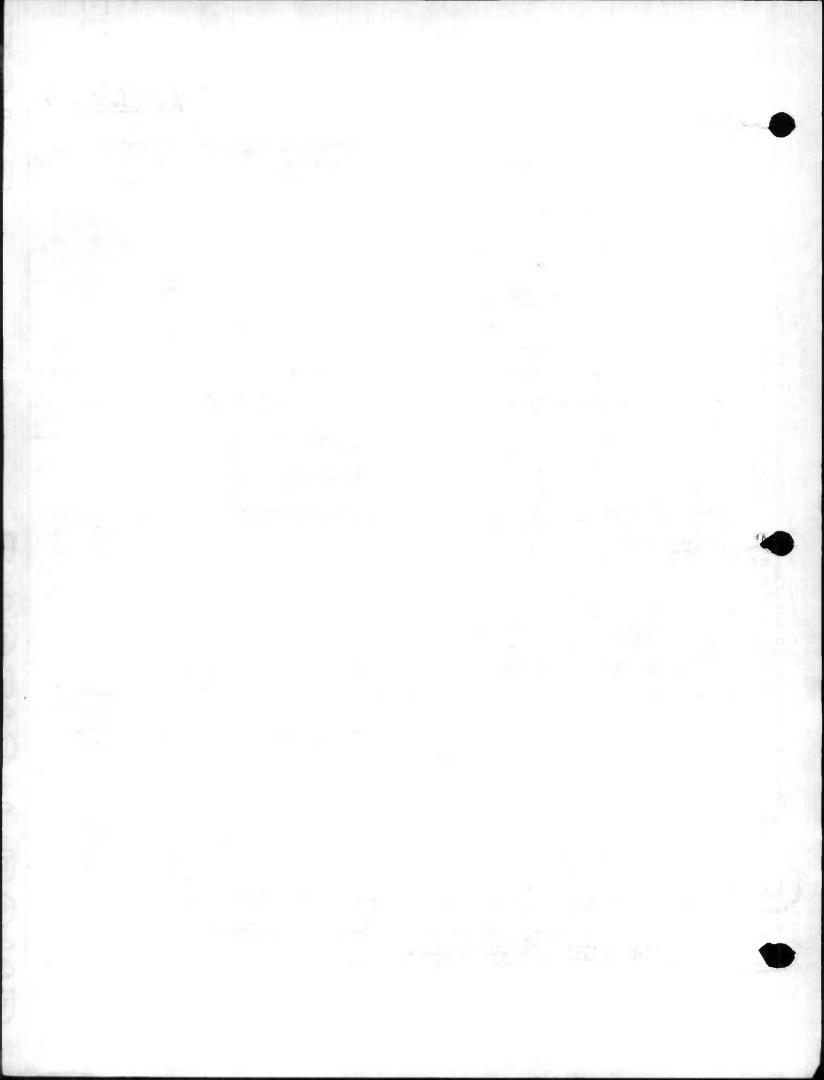
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whi Denisen Rudall



	1. DECEDENT'S NAME (First, Middle, Last	twin	B			2. DATE OF DEATH MONTH		Z 3. TIME OF
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	72	BIRTHPLACE (State Country)
CTOR	90. FACILITY NAME (If not institution, give  Prince GLOSS  RESIDENCE OF DECEDENT	11 .1 0 /	Center	9b. CITY, TOWN C	OR LOCATION OF DE	ATH /	Pri Pri	Y OF DEATH
DIREC	10e. STATE 10b. COUN	ce George's		r, town on Locat adover	TION			10d. INSIDE LIMITS 1) YES
FUNERAL	100. STREET AND NUMBER 6405 Landover Ro	7			f. ZIP CODE 2078		U. S	N OF WHAT COUNT
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	II yes, sp	CENDENT OF HISPAN Healfy Cuben, Mexical 1 2 X NO Specify	n, Puerto Rican, etc.		N. RACE — American Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		16a, DECEDENT'S (Give kind of w life. Do NOT us	vork done during mo		16b. KIND OF	BUSINESS/INDUS	STRY
COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mai	iden Sumame)	
TO BE	Silvestor M.  19a. INFORMANT'S NAME (Type/Print)	arshall	19b. MAILING	ADDRESS (Street a	Nico and Number or Rural F	le Lyles Route Number, City or	Town, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1	movel from State	20b. PLACE AND DATE of cemetary, crematory		(Name	DATE 200	LOCATION — CH	ty or Town, State
	23. PART I. Enter the diseases, D shock, or heart fallur IMMEDIATE CAUSE (Final	e. List only one cause on	aach Ilna.					Inter
TIFICATION	shock, or heart failure immediate or condition resulting in death)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants	a. DUE TO (OR AS	aach Ilna.	P: Jen				Inten
MEDICAL CERTIFICATION	immediate cause (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS	aach lina.  A CONSEQUENCE OF	F): Seri	ale in	Sand (		24b. WERE AUTO AMALABLE: COMPLETIO OF DEATH?
MEDICAL	ahock, or heart failure immediate cause or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST  PART II. Other algnificant conditions of the conditi	b. DUE TO (OR AS  d. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  HOSPITAL:	B A CONSEQUENCE OF	F):  F):  In the underlyin  26. F	ng cause given in	Part I. 24a. WA. PEI 1 YE	S AN AUTOPSY REORMED?	24b. WERE AUTO AMALABLE: COMPLETIO OF DEATH?
PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in daath)  Sequentially list conditions, if any, laeding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in daath) LAST  PART II. Other algnificant conditions in the condition of the cond	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  t. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DATE OF INJUR  (Month, Day, Year	B A CONSEQUENCE OF B A CONSEQUENCE OF B Dut not resulting	F):  F):  In the underlyin  26. P  OTHER: 4   Nursing Hor  AE OF 28c. IN WWY  W	rig cause given in	Part I. 24a. WA. PEI 1 YE	S AN AUTOPSY RFORMED?	24b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH?  1 YES
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants reaulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	ach lina.  A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUENCE OF B Dut not resulting utpatient 3 DOA  Or 28b. TIM  OR 28b. TIM  OR 2b. TIM  OR 2b. TI	F):  F):  In the underlyin  26. P  OTHER: 4   Nursing Hor MURY M 1	Ing cause given in	Part I. 24a. WA. PEI 1 VE eck only one) 6 Other (Specify, 28d. DESCRIBE H	S AN AUTOPSY REFORMED?  ES 2 NO  OW INJURY OCCU	24b. WERE AUTO AMAILABLE I COMPLETIO OF DEATH?  1 YES
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST  PART II. Other algnificant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 4 Homicide 6 Could not 4 Homicide 1 CERTIFYINO PH (Check only 1 CERTIFYINO PH	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	ach lina.  A CONSEQUENCE OF A CONSEQUENCE OF B A CO	F):  F):  In the underlyin  26. P  OTHER: 4   Nursing Hor AE OF 28c. IN URY M 1   atreet, lactory, offi	rig cause given in  PLACE OF DEATH (Ch me 6 Residence UURY AT ORK? YES 2 NO ce	Part I. 24e. WA. PEI 1 YE eck only one)  6 Other (Specify, 28d. DESCRIBE H. 28f. LOCATION (St. City or Town, 3 to the cause(s) and	S AN AUTOPSY RFORMED? SS 2 NO  OW INJURY OCCU	24b. WERE AUTO AMALABLE COMPLETIO OF DEATH? 1 YES
D BY PHYSICIAN: MEDICAL	ahock, or heart failure  IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST  PART II. Other algnificant conditi  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not 4 Homicide 6 Could not 4 Homicide 1 CERTIFYINO PH (Check only 1 CERTIFYINO PH	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  lona contributing to death  28a. DATE OF INJUR (Month, Dey, Year  be Juliding, etc. (S)  IVSICIAN: To the best of my kin	ach lina.  A CONSEQUENCE OF A CONSEQUENCE OF B A CO	F):  F):  In the underlyin  26. P  OTHER: 4   Nursing Hor AE OF 28c. IN URY M 1   atreet, lactory, offi	rig cause given in  PLACE OF DEATH (Ch me 6 Residence UURY AT ORK? YES 2 NO ce	Part I. 24a. WA PEI 1 YE eck only one)  8 Other (Specify, 28d. DESCRIBE H City or Town, 3 to the cause(a) and time, data end place	S AN AUTOPSY ARFORMED? ES 2 NO  OW INJURY OCCU treet and Number of State)  d manner as stated te, and due to the	24b. WERE AUTO AMALABLE COMPLETIO OF DEATH? 1 YES



Woid 92-38313 See 92-29722

0101 92.38313

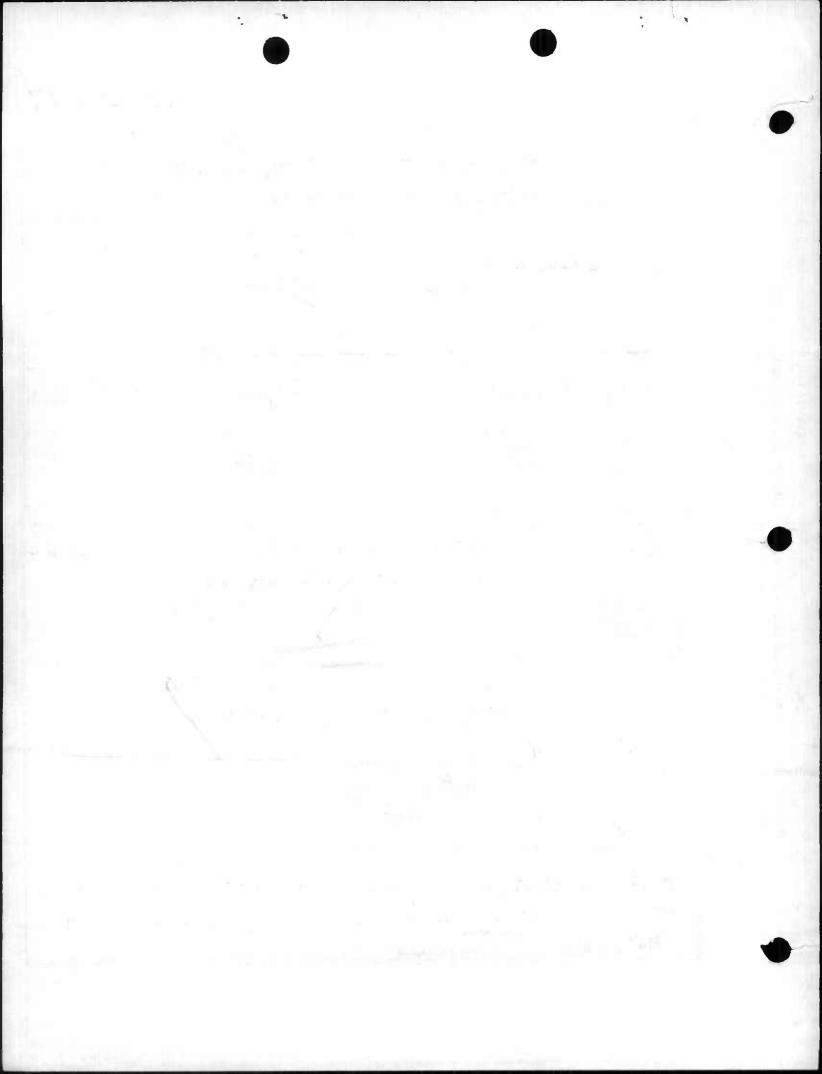
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dent of Health and Merial Hydriens prior to hartal comparison, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ith, Day, Year) 28 1993

1 - STATE REGISTRAR	STATE OF MARYL								
		CERTIFIC	CATE OF I	DEATH		REG. NO.	9-1	5	108
1. DECEDENT'S NAME (First, Middle, Last)		0	٨		2. DATE (	OF DEATH		YEAR 3.	TIME OF DEATH
Deidou K	amani	101	chu		8	- /	. 0	2	1401
4. SOCIAL SECURITY NUMBER				IF UNDER 24 HRS.	7. DATE C			BIRTHPL	ACE (State or Fore
	10 M 2 DF 24	min voes	MONTHS DAYS	HOURS WIN.	(Month,	11019	2	Country)	10
9a. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TOWN OR	LOCATION OF D	EATH	11011	9c. COUNT	Y OF DEAT	TH
Greater / cure	1 BO 1+50:14	P Hoso	1-0	1,001			10	6	
RESIDENCE OF DECEDENT	0(7,0-111			1111				0	
10a, STATE 10b, COUNT		10c. CITY,	TOWN OR LOCATIO	N C A				10	d. INSIDE CITY
MIL	mont.		silver	JULI	ng			11	YES 2 N
10. STREET AND NUMBER	ad Dr. 105		101. 2	IP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
11200 Lachur	M11.102			209	01				
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13. WAS DECEN	DENT OF HISPAI	NIC ORIGIN	(Specify Yes	or No- 1	4. RACE -	American Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 YES 2	TO Specif	in, Puerto R y:	Ican, etc.)		Specify:	filte, atc.
									Blace
15. DECEDENT'S EDU (Specify only highest grade		(Give kind of wo	ISUAL OCCUPATION ork done during most	of working	16b.	KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)			-			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA		iddle, Maiden	Sumame)	: /	-
1/1-(1 F	orchu			JOY	CE	Plu	nke	4-	Ford
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street and	Number or Rural	Route Numbe	er, City or Town	, State, Zip C	ode)	
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem		PLACE AND DATE OF		oof	DATE	20c. LO	CATION - CH	ty or Town,	State
4 Donation 8 Other (Specify)	Cen	netery, crematory or other	er place) GL	BH	3/10		-au	MPI	
21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE		22. NAME AND	ADDRESS OF FA	CILITY				
			0.00						
23. PART I. Enter the diseases, or	complications that cause	d the death. Do no	ot antar the mode	of dying, auc	h aa cardi	ac or respir	ratory arres	ıt,	Approximat
iMMEDIATE CAUSE (Final	List only one cause on a								Onset and
disease or condition	Ext	REME CONSEQUENCE OF	Inama	7,10.4					1 Oliver olive
resulting in death)	DUE TO (OR 49 )	.come			(4				2 . 14
	DOE TO TURE AS A	CONSEQUENCE OF)	:	TUETT	9				30n
	3	1	•						30 n
Sequentially list conditions,	· 3,	CONSEQUENCE OF	T 20	-21 a		KS			30 n
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· 3,	rth a	T 20			KS			30 n
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	rth a	T 20			KS			30 n
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	consequence of:	T 20			KS			30 n
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNIER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  CERTIFYING PHYSICAL CAUSE CAU	b. DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF:	28. PLAC OTHER: 4   Nursing Home OF 284 INJUR WORN M   YEI reet, factory, office	Causa given in  CE OF DEATH (Ch.  5	Part I.  eck only one  6 Other  28d. DESC	24a. WAS AN. PERFOR 1 VES 2*  (Specify)  CRIBE HOW IN TION (Street a r Town, State)	NO  IJURY OCCUI	AMCOOOF	PRE AUTOPSY FININALABLE PRIOR TO MPLETION OF CAL DEATH?  YES 2 NC
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE OF:	28. PLAC OTHER: 4   Nursing Home OF 284 INJUR WORN M   YEI reet, factory, office	Causa given in  CE OF DEATH (Ch.  5	Part I.  eck only one  6 Other  28d. DESC	24a. WAS AN: PERFOR  1 VES 2*  (Specify)  CRIBE HOW IN  TION (Street ar Town, State)	NO  IJURY OCCUI	AMCOOOF	PRE AUTOPSY FINE ALLABLE PRIOR TO MPLETION OF CAL DEATH?  YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	b. DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF):  A CONSEQ	28. PLAC  THE R:  A   Nursing Home  OF   284 INJUR  M   YEI  rest, factory, office  I at the time, date ar	Causa given in  CE OF DEATH (Ch.  5	Part I.  Part I.  Bock only one  City of the County of the	24a. WAS AN: PERFOR  1 VES 2*  (Specify)  CRIBE HOW IN  TION (Street ar Town, State)	IJURY OCCUI	RED Rural Route	PRE AUTOPSY FINAL ABLE PRIOR TO MPLETION OF CAI DEATH?  YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANINER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	b. DUE TO (OR AS A  c. DUE TO (OR AS A  d	CONSEQUENCE OF):  A CONSEQ	28. PLAC  THE R:  A   Nursing Home  OF   284 INJUR  M   YEI  rest, factory, office  I at the time, date ar	Causa given in  CE OF DEATH (Ch.  5	Part I.  Part I.  Bock only one  City of the County of the	24a. WAS AN: PERFOR  1 VES 2*  (Specify)  CRIBE HOW IN  TION (Street ar Town, State)	IJURY OCCUI	RED Rural Route	PRE AUTOPSY FINAL ABLE PRIOR TO MPLETION OF CAI DEATH?  YES 2 NO

DHMH-16 Rev 1/89



permit. Pages 1, 2, 3 should

use as the burial-transit

page 5 should be detached for

funeral director,

filled in by the fillion, or removal.

completely

and

signed by the attending physician Health and Mental Hygiene prior to

cremation, or

to burial, o

once.

notified at

must be

the medical examiner

traumatic event,

24 hours after HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1992 GANT Tiffany Renee Gant 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 5 34 12-20-92 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH Prince George's HOspital Center DIRECTOR Prince George's Cheverly 10d. INSIDE CITY 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Prince George's Landover Maryland 1 TYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20785 U.S.A. 7414 Landover Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marr 3 Widowed 4 Divorced 1 TES 2 NO Specify Specify: Black BY COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Tracey McLee Leon Gant Sr. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE 4 Donation 5 D Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haart fallure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury shows any Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO 1 | YES 2 | NO s certificate has been si th the State Dept. of He id, or Item 23 show PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 8 Residence 8 Other (Specify) DIRECTOR: After this cert hours after death with the ltem 28 Is marked, o 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29e, CERTIFIER 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and 296. SIGNATURE AND TITLE OF CERTIFIER DA 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Bay, Year) BE 91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH LITEM 27) (Type, Print) KING Cowinge DII-MA 4 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, De HR-104571 MAY 11 1993 520113 FFMAL

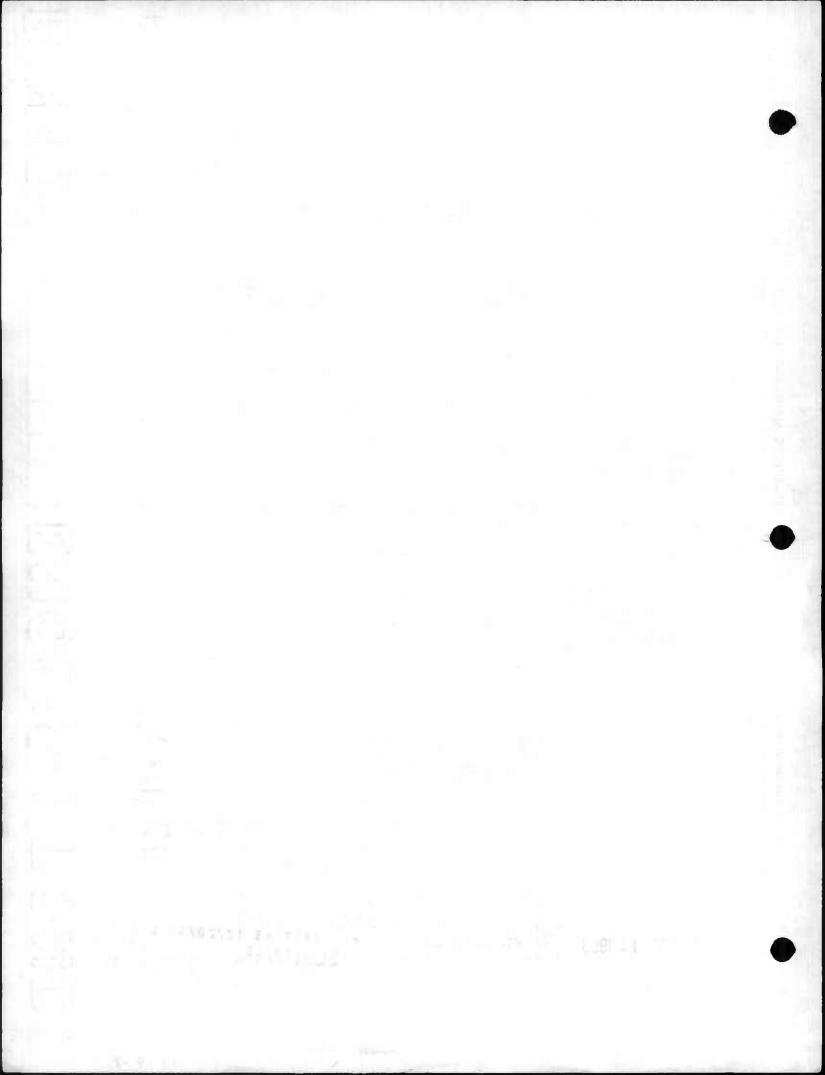
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Pages 1, 2, 3 should

the funeral director, page 5 should be detached for use as the burial-transit permit.

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hours after death. Page 6 may be retained by the hospital or attending physician. certificate be executed within OR ATTENDING PHYSICIAN: The law requires that the death HOSPITAL

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 29 912:07 Melton 10 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR ?. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreig IF UNDER 24 HRS. DAYS HOURS BRIDE. 1 - M 2 - F 10-29-92 Maryland 2 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Georg Prince DIRECTOR 6 Cheverly RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince George's Landover Hills Maryland 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 20784 U.S.A. 6823 Shephard Street 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puarto Rican, etc.) 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 YES 2 KNO Specify: Black BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest and Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Rosalyn Fluelling 76 Joseph Melton notified 19a, tNFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE must 1 Burial 2 Cremation 3 Ramoval from State
4 Donation 8 Other (Specify) examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY medical 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. Interval Between **Onset and Desth** IMMEDIATE CAUSE (Final has been signed by the attending physician and completely fille Dept. of Health and Mental Hyglene prior to burial, cremation, 1.23 shows any Injury, or other traumatic event, the Von-viable fetus disesse or condition tumature resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to dash but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO nt 2 ER/Outpatient 3 DOA ng Home 5 - Residence 6 - Other (Specify) the S 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 6 Pending 1 YES 2 NO BY 2 Accident Investigat TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT: If Nem 28 is m 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 8 Could not be determined COMPLETED 4 🗌 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 29/9 10 2 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Prince Alidon MD Georges Maida MAY 11 1993 32. REGISTRAR'S SIGNATURE



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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	DE INEU MININ /2 INCUS ditter Urbain With the State Copy, or region an incusa system control, control and incusa system of the control of the
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Ĺ	1. DECEOENT'S NAME (FI	nst, Middle, Lest) In FAN T	Belinda	Breit	a Briti	ton		2. DATE O	F DEATH	L F	YEAR 1992	3. TIME OF DEATH
1	4. SOCIAL SECURITY NU	MBER	6. SEX	6. AGE (In )	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE 0 (Month,	F BIRTH Day, Year)	1992	8. BIRTH Count	HPLACE (State or Foreign
	PGILC		etreet end number)			ob. CITY, TOWN	OR LOCATION OF DE				NTY OF D	DEATH
F	RESIDENCE OF DI 10a. STATE DC	10b. COUNT	ıγ		- 1 CY 63	ry, town on Loca ashingto						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ľ	100. STREET AND NUMBE 2201 13th		t NE				OI. ZIP COOE 20018			10g. CIT	U.S.	WHAT COUNTRY?
	11. MARITAL STATUS  1 Never Married 2   3   Widowed 4   D	☐ Married	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 NO	If yes, s	CENDENT OF HISPAR pecify Cuban, Maxica S 2 NO Specify	n, Puerto Ri		e or No—		E — American Indian, ik, White, atc.
		ECEDENT'S EDI only highest grad (0-12)				S USUAL OCCUPAT work done during m see retired.)		16b.	KINO OF BU	JSINESS/IN	OUSTRY	
	17. FATHER'S NAME (First,	Middle, Last)					16. MOTHER'S NA Regin			n Sumeme)		
ľ	19a. INFORMANT'S NAME	(Type/Print)			19b. MAJLIN	G ADDRESS (Street	and Number or Rural	Route Numb	er, City or Tox	wn, State, Zi	ip Code)	944
	20e. METHOD OF DISPOSE 1	etion 3 - Rei her (Specify)			metary, cremator	re OF OISPOSITIO ry or other place)	AND ADDRESS OF FA	DATE		OCATION -		own, State
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	23. PART I. Enter the	diseases, or heart fellure	complications the	et caused t	the death. Do	not enter the m	Chev	rerly	/ , MI	oiratory a	2078 rrest,	Approximete Interval Betw
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DESCRIPTION

TO BE COMPLETED BY FUNERAL DIRECTOR

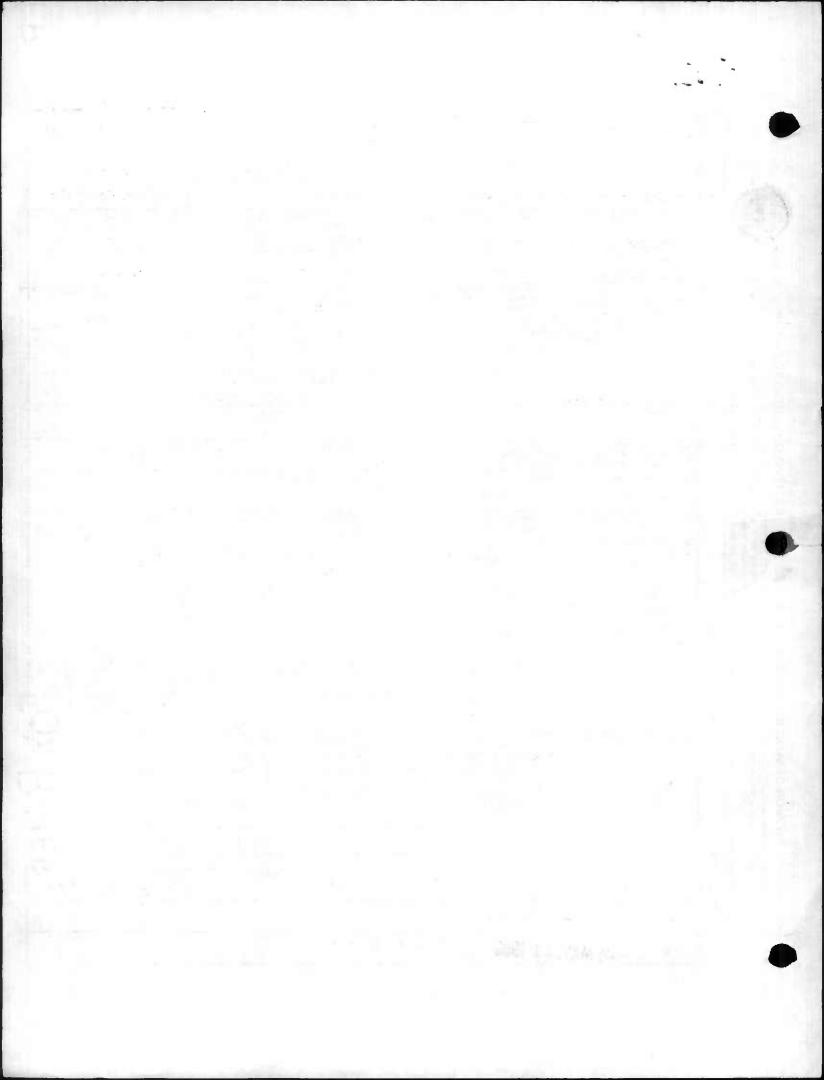
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

(Month, Day, Year)

FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR		OF HEALTH		MENTAL HYGIEN	10	7-3831
1. DECEDENT'S NAME (First, Middle, ODVT)		Adetona EMAL				2. DATE OF DEATH	23,19	YEAR 9:25 AMM
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday) YRS.	IF UNDER 1 Y	YEAR IF UNDI	MIN. 16	7. DATE OF BIRTH (Month, Day, Year) 3-22-92		8. BIRTHPLACE (State or Foreign Country)  Maryland
9a. FACILITY NAME (If not Institution, Prince George's		enter		own or Local				ince George's
RESIDENCE OF DECEDEN  10a, STATE 10b, CC		10c. CI	TY, TOWN OR	LOCATION		12-10-		10d, INSIDE CITY
Maryland Pr	ince George	's (	Greenb	elt Tion, zip co	OF	4	I 10g. CITIZ	LIMITS?  1 Tyes 2 No  ZEN OF WHAT COUNTRY?
9108 Springhill				207	70			U.S.A.
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [ IF YES, GIVE WAR	YES 2 NO	If y		oen, Mexico	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) ly:	e or No—	14. RACE — American Indian, Black, Whita, etc. Specify: Black
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT of	S USUAL OCC work done dur use retired.)	UPATION ing most of work	king	16b. KIND OF BU	JSINESS/IND	USTRY
17. FATHER'S NAME (First, Middle, Las	nt)			16. MO	THER'S NA	AME (First, Middle, Meidel	n Sumeme)	
Adeiyi Adetor		405 4440 144	G AGODECC "			la Odutayo Route Number, City or To	um Chia	Code
198. INFORMANT S NAME (1990) FIRE		190. MAILIN	G AUONESS (	street and Numb	er or Hural	House Number, City or los	wn, Stare, Zip	C000)
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify)		20b. PLACE AND DAT				OATE 20c. L	OCATION —	City or Town, State
≥ Prince G	ce LICENSEE eorge Cour	nty Hospi		enter	1 F	dospital everly, N		
23. PART I. Enter the diseases ahock, or heert fel iMMEDIATE CAUSE (Finel disease or condition resulting in death)	lure. List only one cause				lying, suc	ch as cardiac or resp	oiretory arr	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	OR AS A CONSEQUENCE	(p) 0-7 € 0 9F):		PHIC	griciena	7	
that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSEQUENCE	OF):					
PART II. Other aignificent con-	ditions contributing to d	leath but not reaulting	in the und	erlying cause	given in		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC				26. PLACE OF	OEATH (C	heck only one)		
EXAMINER?  1 YES 2 NO	1	ER/Outpatient 3 🗆 DOA	1		Residence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investige			ME OF 2	Bc. INJURY AT WORK? 1 YES 2	□ NO	28d. DEŞCRIBE HOW	INJURY OC	CURED
3 Suicide 6 Could n 4 Homicide determin	ot be building, et	INJURY — At home, farm, tc. (Specify)	, street, factor	y, office		28f. LOCATION (Stree City or Town, Stat		or Rural Route Number,
contact only	PHYSICIAN: To the best of m							ted.
296. SIGNATURE AND TITLE OF CEI	Doynt	MO. Neon	itship	29c. L	ICENSE NU	IMBER	29d. DAT	E SIGNED/(Month, Day, Year) 3/22/1992
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ	oe, Print)					,

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BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be retained by the hospital or attending physician.

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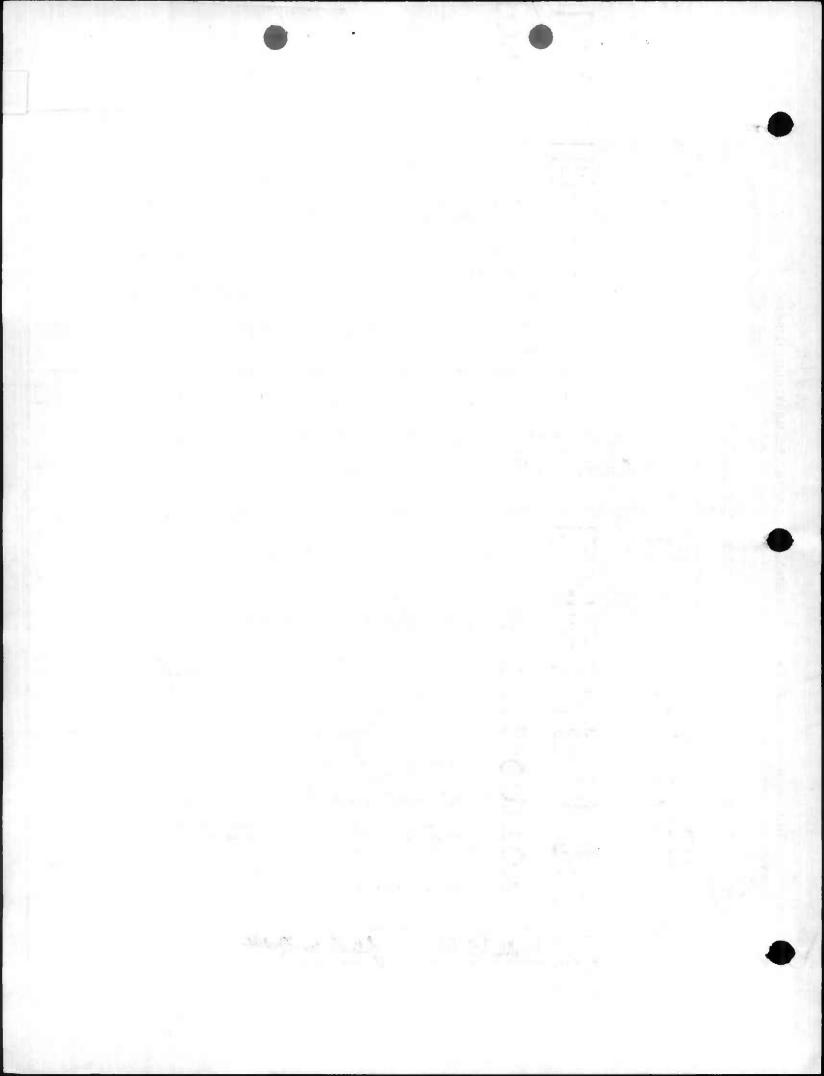
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

JUL 1993

	1. DECEDENT'S NAME	(First, Middle, Last,	)							2. DATE O	F DEATH	AY	YEAR	3. TIME OF D
	Somua	h, Fer	male							8			92	15:5
	4. SOCIAL SECURITY I	NUMBER	5. SEX	6. AGE (In yra. I		IF UNDER	1 YEAR	IF UNDER 2	24 HRS. MIN.		Day, Year)		8. BIRTI	HPLACE (State of
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r	9a. FACILITY NAME (#		/	0. 1		9b. CITY,		OR LOCATIO		ATH		9c. COUN		
DIRECTOR	Prince G		Hospital	Center			Che	everly	Z e	-		Pr	ince	e Georg
H H	10a. STATE	10b. COUN	TY		10c. CIT	Y, TOWN O	OR LOCAT	TION						10d. INSIDE (
	Md.		ce George	's	New	Car								1 YES 2
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John Linden Trade



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

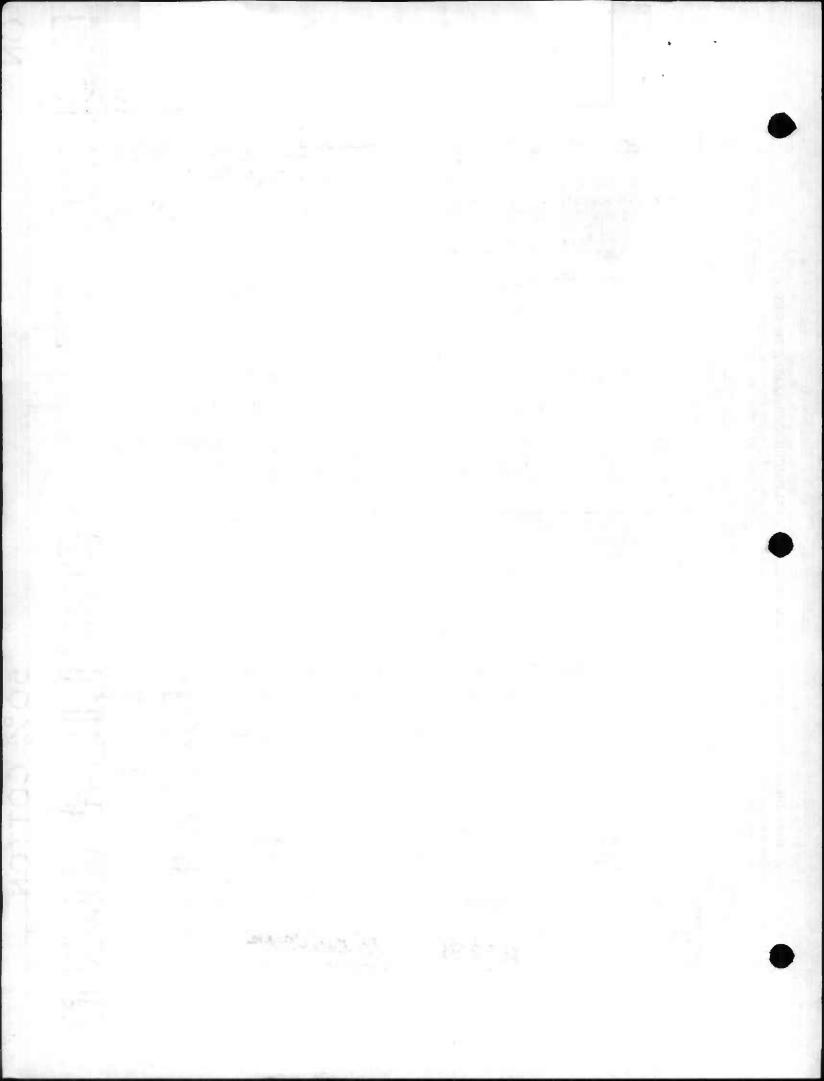
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

executed within

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 2 9 DAY YEAR Opeila 9 emale 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 4-29-92 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗌 M 2 🔀 F Maryland Pages 1, 2, 3 should 9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George's Hosp. DIRECTOR Center Cheverly Prince George's RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Prince George's largo 1 VES 2 NO permit. FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 658 Harry S. for use as the burial-transit Truman Drive 20772 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or Hoif yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 HO 1 Never Married 2 Married 1 YES 2 HO Specify: Specify: Black BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATIOH (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/IHDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 8+) page 5 should be detached once. 17. FATHER'S HAME (First Middle, Leet) 16. MOTHER'S HAME (First, Middle, Maiden Surname) 75 notified 19a, IHFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 examiner must be 20a. METHOD OF DISPOSITIOH 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITIOH (Name of cemetary, crematory or other place) DATE on 3 - Removal from State Burlel 2 - Cren director, 4 Donetton 5 Other (Specify) Hospital 21. SIGNATURE OF FUNERAL SERVICE LICEHSEE 22. HAME AND ADDRESS OF FACILITY the funeral medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** filled in by shock, or hasrt fellure. List only one cause on each line. Interval Between 20 Onset and Death **IMMEDIATE CAUSE (Final** the cremation, disease or condition Previable completely resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) burial. other traumatic has been signed by the attending physician and or Dept. of Health and Mental Hygiene prior to buri n 23 shows any Injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: I: After this certificate has re death with the State De Is marked, or Item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 27. MAHNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW IHJURY OCCURED 6 Pending Investiga 1 Hetural 1 YES 2 HO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide L DIRECTOR: A thours after of them 28 is .09 ETED 6 Could not be 4 Homicide 29a. CERTIFIER

(Chack and ) CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. COMPL FUNERAL within 72 t IMPORTANT: If 2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, THE I BE 34 229 291 19 223 2 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE
1111 1 9 '93 John Levilson Fritish 31. DATE FILED (Month, Day, Year)

Add. info. per B.C. 7/19/93 kam



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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerhours after death. Page 5 may be retained by the hy	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac	
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Item 28 is marked,

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IMPORTANT:

31. DATE FILED (Molth, Day, Year)

AUG 27 1993

32. REGISTRAR'S SIGNATURE

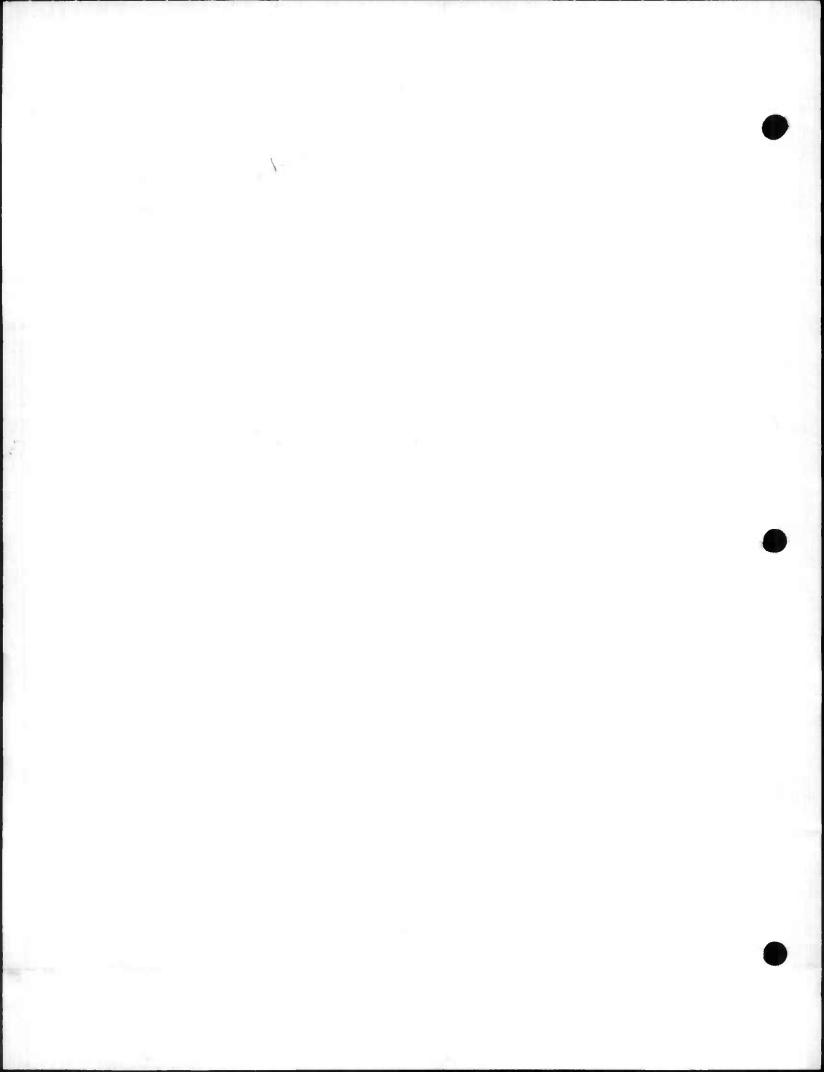
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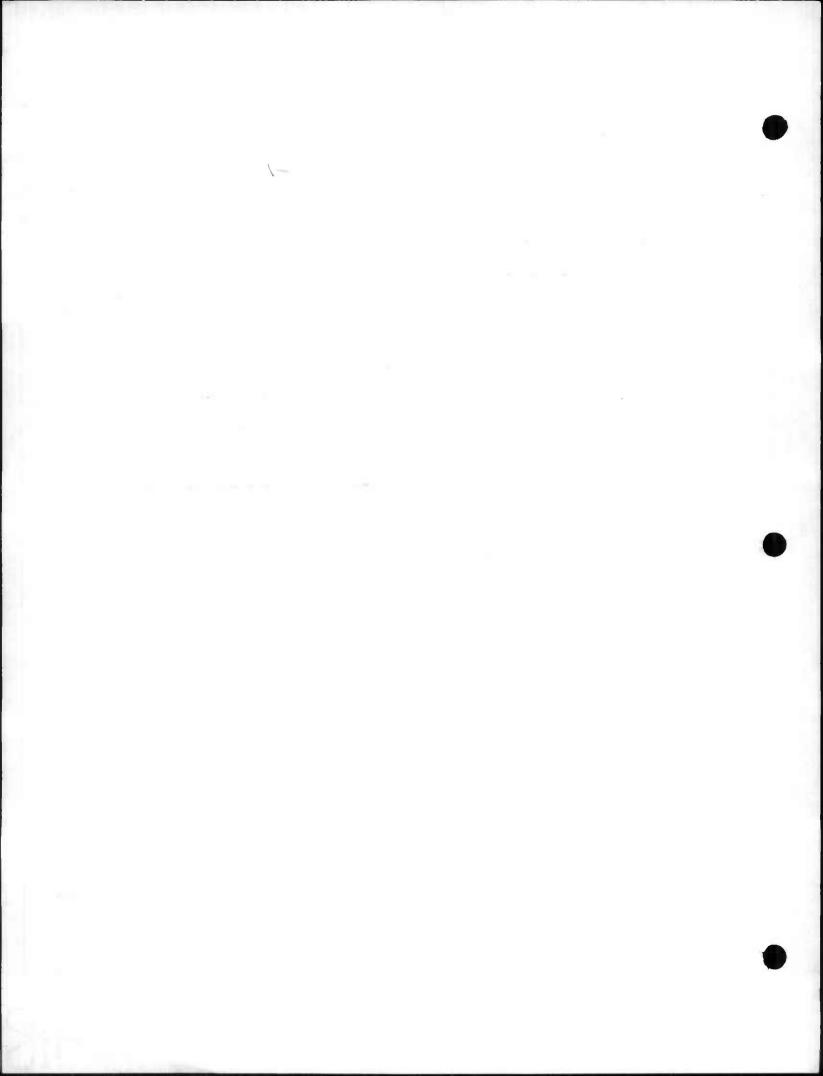
223

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Baby Girl Barnabe 8 92 7:37 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 87792 Country) 1 🗌 M 2 🔀 F YRS. Cons Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN FUNERAL DIRECTOR Howard County General Hospital Columbia Howard 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Ellicott City 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4920 Brampton Pkwy 21043 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerlo Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 1 TES 2 NO Specify: Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) ege (1-4 or 5+) N/A n?a 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Ana Barnabe Dennis Barnahe BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 2 4920 Brampton Pkwy. Ellicott City, Md. 21043 must be 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition 5 MA resulting in death) Thr. item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 🗆 Residence 8 🗔 Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BΥ 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 \_\_ MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner es at 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 112 n. 2 9 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DNMH-16 Rev 1/89



FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENI 1 -CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Baby Girl Barnabe HENTH 9YEAR 7:40 P 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 M 2 XF 00 -00 8/1/92 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Howard County General Hospital Columbia Howard RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Ellicott City Md. Howard 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21043 4920 Brampton Pkwy. USA the funeral director, page 5 should be detached for use as the burial-transit iours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 Marrie ВУ Specify: White 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) ige (1-4 or 5+) 0 N/A n7a 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Barnabe notified at Barnabe Ana Dennis BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4920 Brampton Pkwy Ellicott City, Md.21043 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 29c. LOCATION - City or Town, State 1 Burial 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) cemetery, crematory or other place) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY removal medicai 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death signed by the attending physician and completely filled Health and Mental Hygiene prior to burial, cremation, the disease or condition resulting in death) Q5MA executed within tur: event, DUE TO (OR AS A CONSEQUENCE OF) other traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH? 1 YES 2 NO this certificate has been with the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 28 is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY FUNERAL DIRECTOR: After t within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide Hem 29s. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Dpy. 29c LICENSE NUMBER BE 불 2 9114 923 my 243 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year)
AUG 2 7 1993 32. REGISTRAR'S SIGNATURE this Dendon Rendelle **AUG 27** 



## Item: G-702 8/24/93 reb ORDER OF COURT - JUDGE STEVEN PLATT, PRINCE GEORGES COUNTY

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700	2830	

1 - FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPAI					MENTA	L HYGIEN		d'	3832=
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEATH
JEFFREY SC		VIES							FEI	_	9.	1992	APPROX 10PM
4. SOCIAL SECURITY NUMB		5. SEX		yrs. last birthday)	IF UNDE	DAYS	IF UNDER	R 24 HRS.	(Mont	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
577-96-927		1XXM 2 □ F	18	YRS.	MONTHS	Unio	HOURS		SEP	12,	1973	WASI	HINGTON, DC
9a. FACILITY NAME (If not in.	stitution, give s	street end number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF D	EATH			INTY OF C	
					CA	MP SI	PRIN	GS			PR.	INCE	GEORGES
RESIDENCE OF DEC	10b. COUNTY	Y		10c, CI	TY. TOWN	OR LOCAT	LION						10d. INSIDE CITY
MD	DD TMC	TE CEODOE	C										LIMITS?
100. STREET AND NUMBER	PRINC	CE GEORGE	2	I_FO	REST	HEI(	ZIP COD	E			10e CIT	IZEN OF 1	WHAT COUNTRY?
107 N. HUR	ONT DDT	TVD:					-						
11. MARITAL STATUS	ON DAT	12. WAS DECEDEN	T EVER IN L	J.S. ARMED	13	. WAS DEC	ENDENT (	OF HISPA	NIC ORIGIN	i? (Specify Ye		S.	E — American Indian.
1 Never Married 2	Merried	FORCES? 1				If yes, sp		nn, Mexico	en, Puerto	Rican, etc.)		Blac	k, White, etc.
3 Widowed 4 Divo	rced		ant on one			1 1 120	Y.W.	арисп	y.			Spec	WHITE
	EDENT'S EDU		1	6a. DECEDENT'S				ina	166	KIND OF BL	ISINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	Ille. Do NOT :	ise retired.	)	et of WORK	ny.					
12				STUD	ENT								
17. FATHER'S NAME (First, MI	iddie, Lest)			, manual	763 mg		16. MOT	HER'S NA	AME (First,	Middle, Meider	Sumame)		
JAMES DAVI	ES						J	JDIT	H PII	GER			R. C. L.
19a. INFORMANT'S NAME (7)	iype/Print)			19b. MAJLIN	G ADDRES	BS (Street e	and Numbe	r or Rural	Route Num	ber, City or Tox	vn, State, Zi	p Code)	
JUDITH DAV	IES												
20e, METHOD OF DISPOSITE		ought from State		LACE AND DATE			me of		DAT	E 20c. Le	OCATION -	City or To	own, State
4 Donation 5 Other		TOTAL STATE	camer	ery, crematory or	other place		NOWN			LOR	TON.	VTRO	GINTA
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE				. NAME A							
										MPSTE	R, II	VCINI	ERATED
23. PART I. Enter the di	sesses, or o	complications the	t coused t	he death. Do		OLLIC				tiac or mar	dretory as	reat	Approximate
shock, or he	eart fellure.	List only one cer	se on eac	h Ilna.									Interval Between
IMMEDIATE CAUSE (Fin disease or condition	nai .	CUDICIIO	m mor	D.TD.C									Onset and Death
reaulting in death)	<b>→</b>	. GUNSHO		ONSEQUENCE (	ND.								UNK
		DOE 10	(ON AS A C	ONSEQUENCE	)r):								
Sequentially list conditi		b	(OR AS A C	ONSEQUENCE (	)F)·				-				
if any, leading to immed cause. Enter UNDERLYI			,		. ,.								
CAUSE (Disease or inju-		C. DUE TO	(OR AS A C	ONSEQUENCE (	OF):	-							+
resulting in death) LAS	Т												
	-	d											-
PART II. Other algnifica	nt condition	na contributing to	death but	not reaulting	in the u	ınderiyin	g ceuse	given in	Part I.	24a. WAS A	NAUTOPSY	248	WERE AUTOPSY FINDINGS
										1 TYES			COMPLETION OF CAUSE OF DEATH?
											1111		1 TYES 25 TYNO
													2111
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					tenta .	LACE OF C	DEATH (C/	heck only or	10)			
1 TES 2 NO		HOSPITAL:	ER/Outpet	ient 3 🗆 DOA	4   N	R: Insing Hon	10 5 R	esidence	6)(XOthe	or (Specify) S	HOT (	N RO	DAD
27. MANNER OF DEATH		28a. DATE OF (Month, I		28b. Til	ME OF		URY AT		_	CRIBE HOW			<i>311D</i>
	Pending Investigation	FER 19			OOPM		YES 2	NO NO	SHOT	BY A	SSAII	ANTO	5
2 Outstand	Could not be	28e. PLACE (	F INJURY -	- At home, farm,		ctory, offic	:0		28f. LOC	ATION (Street	and Numbe	The same of the party	Route Number,
4 X Homicide	detarmined	ROAD-5	500 D	EERPON	) LAI	NE			CAM	SPRI	NGS.	MD	
29e. CERTIFIER	IFYING PHYSI	ICIAN: To the petit of	my knowles	ios, death com	rad at the	time date	and stee	and 4	_				
International Actual													s) and menner ee stated.
29b, SIGNATURE AND THE		PRDER O	F JUD	GE STE	EN	PLAT	C	T	92061	88A+B	_		
290, SIGNATURE AND THE	- Commission	211	2	40			29c. LIC	ENSE NU	MBER				(Morith, Day, Year)
/ //	170	THE TENNETTE STREET	CAT	LVANTAL	THE .		CIN	T			0	1721	02

STREET.

BALTIMORE

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OF

TO BE COMPLETED BY FUNERAL DIRECTOR

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

P. Gregg Rhodes.
31. DATE FILED (Morith, Day, Year) - 5 1993

		3 should	
AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ie law requires that the death certificate be executed within 2, aus after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely of in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Dept. of Health and Mental Hygiene prior to burial, crematify for removal.	medical examiner must be notified at once
AL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within 2	has been signed by the attending physician and completely and in by the fur. Dept. of Health and Mental Hygiene prior to burial, crematic pr removal.	. 23 chours and Injury or other traumatic event the medical examiner must be notified at once

1. DECEDENT'S NAME (First, Middle, Last,  JAMES EDWA	RD McDA	NIEL, SI	R.				MONT	of DEATH DA -31-1	992	ZEAR 3.	2:30 P.
4. SOCIAL SECURITY NUMBER 218-20-5254	5. SEX	6. AGE (In yrs. last bi	YRS. MON	THE DAYS	HOURS	R 24 HRS, MIN,	(Mont	of BIRTH h, Dey, Year) 21-19:		Country)	CE (State or Foreign
90. FACILITY NAME (If not institution, give 7871 AVON COL			9b.	CITY, TOWN	OR LOCAT		EATH		9c. COUNT	OF DEATH	
	BOT			WN OR LOCA STON	TION						1. INSIDE CITY LIMITS? YES 2X ND
7871 AVON COUR	T, WOOD	LAND FAI	RMS	10	21 21	E 1601			U	.s.	T COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FDRCES?	T EVER IN U.S. ARME  YES 2 NO  NAR DR DATES  1 KORE		If yes, sp	pecify Cub		in, Puerto	17 (Specify Yee Ricen, etc.)	or No—	Specify:	American Indien, hite, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		+) (Give				sing		STATE			
17. FATHER'S NAME (First, Middle, Lest)  JOHN SHARPE M			O ELO D C	/AL	10000		ME (First,	Middle, Meiden ELIZ	Surname)	Thu.	JLK
190. INFORMANT'S NAME (Type/Print)  JACQUELYN M. M.	CDANTEL			VON				ber, City or Tow ASTON			801
20e. METHOD OF DISPOSITION 1 XBuriel 2 Cremeilon 3 Re 4 Donation 5 Other (Specify)		20b. PLACE AP of cemetary, or SPRING	ND DATE OF	OISPOSITIDI			7	E 29c. LO	CATION — CH	ly or Town,	State
21. SIGNATURE OF FUNERAL SERVICE I		DPICIN	d III			500 OF 50	-		AD LON		
1 Who Well	mary?	DCFS	5.P.	22. NAME A			1				HOME  MD.
23. PART I. Enter the diseases, or ahock, or heart fellure	complications th	et caused the dest		200	s.	HAR	RIS	ON ST	., EA	STON	Approximate interval Between
	complications the List only one ce	et caused the dest	h. Do not	200	s.	HAR	RIS	ON ST	., EA	STON	Approximate interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications th. List only one ce  a.  DUE TO  DUE TO  C.	et caused the dest use on each line.	h. Do not a	200	s.	HAR	RIS	ON ST	., EA	STON	Approximate interval Between
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DHMH-18 Rev 1/89

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Pages 1, 2, 3 should

permit.

funeral director, page 5 should be detached for use as the burial-transit

retained by the hospital or attending physician

ours after death. Page 6 may be BALTIMORE,

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the attending physician and completely filled in by . Mental Hygiene prior to burial, cremation, or remo

the and a

this certificate n with the State

DIRECTOR: After the hours after death

FUNERAL | HOSPITAL

that the death certificate be executed within

REGORDS, P.O. BOX 68760,

DIVISION OF VIT

DR ATTENDING PHYSICIAN:

**MARYLAND 21215-0020** 

246

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENI STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 12/21/92 MONTH 1. DECEDENT'S NAME (First, Middle, Last) BABY BOY SMITH 3. TIME OF DEATH YEAR Juith BASY Boy 1435 92 21 12 -4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 12/21/92s. BIRTHPLACE (State or Foreign (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 27 (150 M 2 □ F YRS. MARYLAND 12-21-92 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE NA YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3018 EDMONDSON AVENUE 21223 2nd FLOOR U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuber, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 XX Never Married 2 Marrie 1 TES 2 Specify: BY BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumerant Ħ STEPHANIE GAYLE SMITH Alexander Myers, Charles Jr. BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 STEPHANIE GAYLE SMITH (MOTHER) 3018 EDMONDSON AVENUE 2nd FLOOR, BALTIMORE, MD. 21223 9 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1V Burial 2 Cremanon 4 Donation 5 Other (Specify) must NEW" CATHEDRAL CEMETERY 2/8/93 BALTO., MD.21229 examiner 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES a 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition the DUE TO (OR AS A CONSCOUENCE OF): LEREST event, resulting in death) Severe Premator traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 any injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 23 shows I VES 2 NO PHYSICIAN: 1 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 | NO 1 Ninpatient 2 - ER/Outpatient 3 - DOA ne 6 - Residence 6 - Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 28c. INJURY AT WORK? is marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide Hem 29s. CERTIFIER
(Check only one)

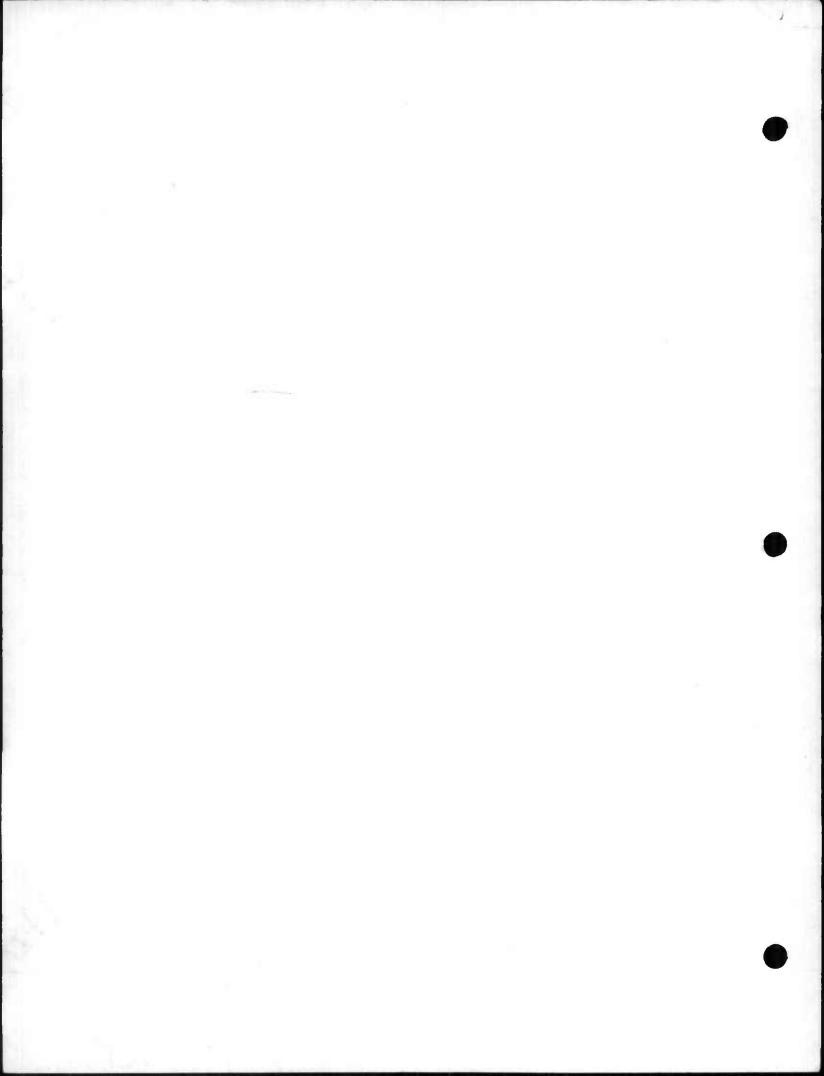
One)

Approved Extraction of the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. = TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: 1 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TIME OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1000 12/21/92 PHYSIDAN 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AGNES HOSPITAL, BALTIMORE, MARYLAND

22. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



· Rec 5-10-93

IMPORTANT: If

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2 2 3

BE

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29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

pramanian

MD

30. NAME AND ADDRESS QF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Subramanian

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH , 3. TIME OF CEATH Vanee Vas giM 0942 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN 1 M 2 VRS So. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH NOShing RESIDENCE OF Intita DIRECTOR rekowa 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY PG MD Hyattsville YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3600 Dean Dr. 20782 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. ORCES? 1 YES 2 If yes specify Cube specify Cuban, Mexican, Puerto Rican, atc.) or attending physi 21203-3146 Never Merried 2 Merried Specify. Hispanic BY 4 Divorced the ED 15. DECEDENT'S EDUCATION 16a, OECEOENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY use (Specify only highest grade comple ast of working (Give kind of work done life. Do NOT use retired.) COMPLET 0 Elementary/Secondary (0-12) College (1-4 or 5+) hospital detached MARYLAND once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Mjddle, Malden Sumeme) the AMONA vanears 2 智 retained by BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Town, State, Zio Code) 0 page 5 s 2 pe BALTIMORE. 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State after death. Page 6 may director, 1 Buriel 2 Cremation 3 Removal from State must 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by Approximate shock, or heart failure. List only one cause on each line. Interval Between 6 Onset and Death IMMEDIATE CAUSE (Final the cremation. disease or condition DUE TO (OR AS A CONSEQUENCE OF): completely resulting in death) traumatic event, executed within BOX 13146, burial, 00 OL CERTIFICATION and Sequentially list conditions, CONSEQUENCE OF attending physician are If any, leading to immediata ceuse. Entar UNDERLYING BE TO (OR AS A CONSEQUENCE OF): 2 certificate other t CAUSE (Disease or Injury that initiated events P.0. reaulting in death) LAST 50 requires that the death signed by the atter Health and Mental shows any injury, OF VITAL RECORDS, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFO MAN ARI E PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 1 YES 2 NO has been Dept. of h PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Hem this certificate h EXAMINER? HOSPITAL: OTHER: Nent 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURED marked, Natural th, Day 1 YES 2 NO 5 Pending After ti BY DIVISION 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Yown, State) DIRECTOR: A hours after d 90 6 Could not be ETED 4 Homicide 28 Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL HOSPITAL FUNERAL within 72 h

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as atlated

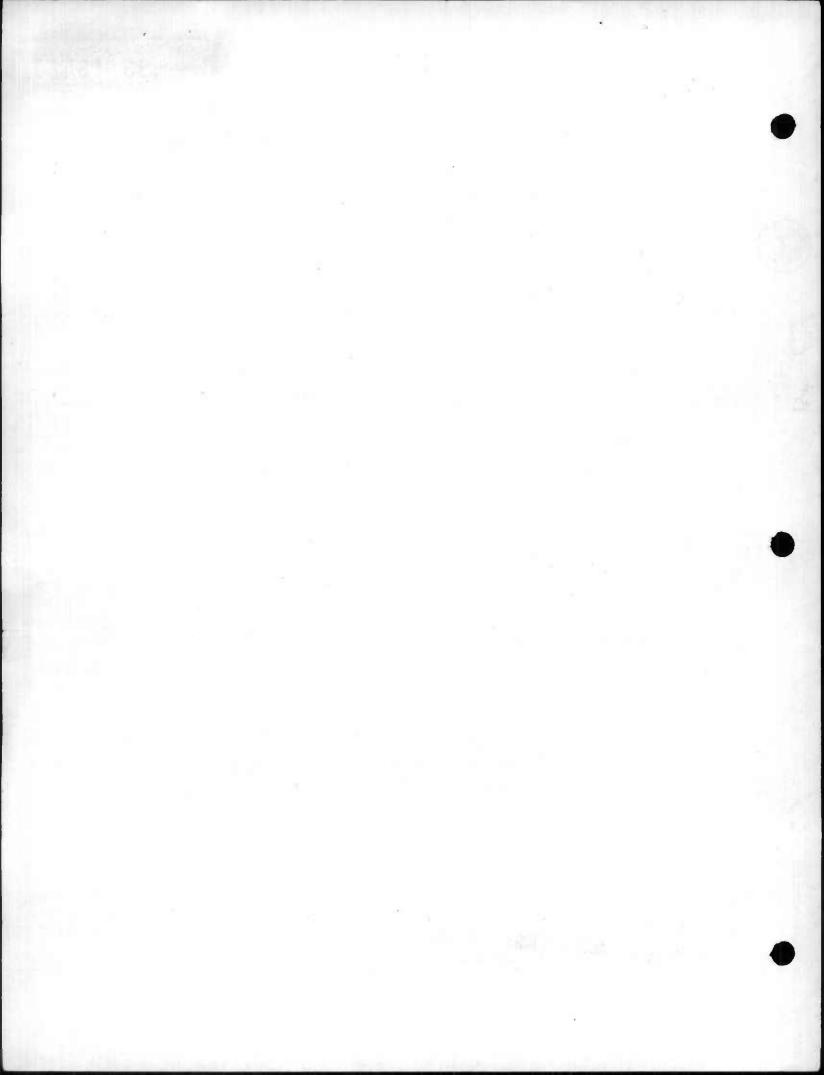
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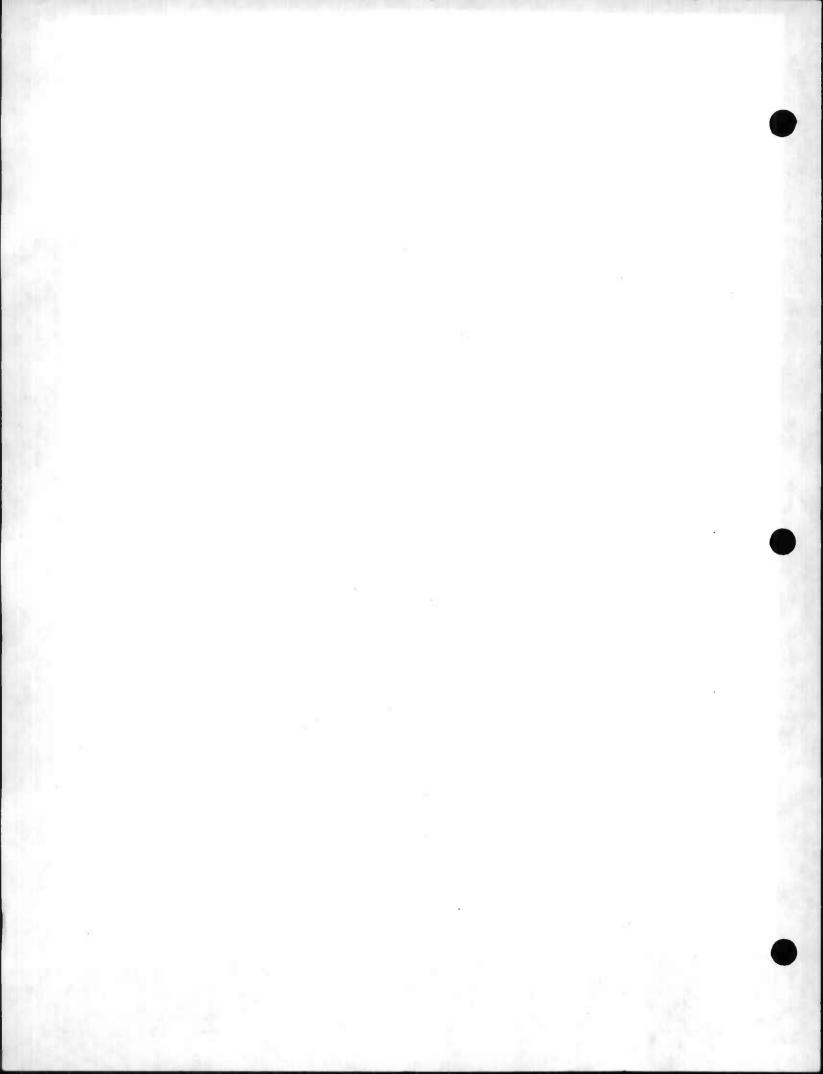
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29d, DATE SIGNED (Month, Day, Year)



Ric 5-10-93

Rice :	3-11	75							0	)	2022
LOCAL HEALTH OFFICE		STATE OF	MARYLAND / D	EPARTME	NT OF H	EALTH AND M DEATH	ENTAL H	REG. NO	400		2050
DECEDENT'S NAME (First, Middle	e, Lest)						MONT	OF DEATH	AY.	RABY	TIME OF DEATH
AGNES HILL							12	\$		12	ACE (State or Foreign
214-34-5740		t   M 2   F	AOE (In yrs. Inst birt	PS. MONTH		HOURS MIN.	4-9	of BIRTH h, Day, Year) -38		Country)	10.
321 MELVINS A	VE.	el and number)		1.5		V 1 (1111)	DEATH		QUEE!		
	COUNTY	n Annes	3	GRASO							DI. INSIDE CITY LIMITE?  VES 2 NO
10+. STREET AND HUMBER 321 MELVINS A	IVE.				10	1. ZIP CODE 21638			1 .	USA.	AT COUNTRY?
II. MARITAL STATUS    Never Married 2   Marri   Widowed 4   Divorced	1	12. WAS DECEDENT I FORCES? 1 IF YES, OIVE WAR	YES 2 NO		if yee, s	CENDENT OF HISPA becity Cuben, Maxie B 2 [ NO Spec	can, Puarlo		s or No.— 1	4. RACE — Black, Y Specify:	American Indian, White, atc.
15. DECEDEN (Specify only high Elementery/Secondary (0-12)	T'S EDUCA	ATION ompleted) Collage (1-4 or 5+)	(Give k	ENT'S USUAI ind of work do NOT use retire	one during m	ON asl of working	16	b. KIND OF BI	JSINESS/INOU	STRY	
I.Oth		Solveya (174 Of 51)	PATI	ENT F	lome (	ARE		NURSIA	16		
17. FATHER'S NAME (First, Middle, ROY WILLIAMS						18. MOTHER'S A	AME (First,		n Surname)		
19. INFORMANT'S NAME (Type/P) GRETTA BOYKIN						and Number or Run				Code)	
20e, METHOD OF DISPOSITION  METHOD OF DISPOSITION  Comparison 5 Other (Special Comparison)	: Ramo	val from Stata	206. PLACE AND				- 1		OCATION — C		
11. SIGNATURE OF FUNERAL SEI	TVICE LICE				22. NAME /	ND ADDRESS OF I	FACILITY	ENNIE	SMITH	FUNE	eral Serv-
23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)	ses, or co failure, L	let only one cause	caused the death s on sach lins. A S JAMIT OR AS A CONSEQUE	c (					piratory arra	at,	Approximets Interval Between Onset and Death
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING		DUE TO (C	OR AS A CONSEQUE	NCE OF):							
CAUSE (Diseases or Injury that initiated events resulting in death) LAST		OUE TO (C	R AS A CONSEQUE	NCE OF):							
PART II. Other significant c	onditions	contributing to d	eath but not res	ulting in the	e underlyl	ng cause given	In Pert 1.		N AUTOPSY DRMED? 2 NO		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
25. WAS CASE REFERRED TO ME	DICAL					PLACE OF DEATH	Check only	one)			
EXAMINER?	F[	HOSPITAL:	ER/Outpatient 3 🗆		HER: Numing Ho	me 5 Resident					
27. MANNER OF CEATH    Natural 5   Pend		26a. DATE OF I (Month, Day		BB. TIME OF	V	YURY AT YORK? YES 2 NO	28d. O	ESCRIBE HOV	Y INJURY OCC	URED	
3 Suicide 6 Cou	rtigation id not be rmined	28a. PLACE OF building, a	INJURY — At homa tc. (Specify)	, larm, streat	, factory, of	lica		CATION (Sired by or Town, Sta	et and Number (te)	or Rural Ro	rute Number,
(Critick only		CIAN: To the best of r									and manner as stated.
296. SIGNATURE AND TITLE OF						PH CENSE	281	6			Monthy Day, Year)
30. NAME AND ADDRESS OF PE	RSON-WIH	COMPLETED CAUS	OF DEATH (ITEM	(Type, Print	) (	East	ato	1,111	C. V >	51	101_C
ST. DATE FILED (MONIS Day Year	1992	32. REGISTRAF	TUY down A	nobile	0 11	*		* 1			



BALTIMORE, MARYLAND 21215-	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death, Page 6 may be retained by the hospital or attending	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
9	n 24 rours af	ly filled in by
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within	neen signed by the attending physician and completel
DIVISION OF VITAL	L OR ATTENDING PHYSICIAN: The law	DIRECTOR: After this certificate has b

BALTIMORE, MARYLAND 21215-0020	a frours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rifours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MARYLAND	/ DEPARTMEN	IT OF HEALTH AND		/	2-3832		
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)		ENTIFICAT	E OF DEATH	2. DATE OF DEATH MONTH	). DAY/3.	VEAN 3. TIME OF DEATH 3 3 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. ia.	YRS. IF UNDE	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. 3 30	7. DATE OF BIRTH (Month, Day, Year)	3.94	B. BIRTHPLACE (State or Foreign Country)		
FOR	SINAL Most troop institution, give str	- 1 /	9b. CIT	TOWN OR LOCATION OF D	ЕАТН	9c. COUNT	TY OF OEATH		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION		10d. INS. LiMI 1 — YE			
FUNERAL	100. STREET AND NUMBER 39-23		10g. CITIZE	EN OF WHAT COUNTRY?					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS OECEDENT EVER IN J.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED 13	NWAS DECENOENT OF HISPA If yes, specify Cuban, Market 1 YES 2 NO Specif	en, Puerto Rican, etc.)	s or No—	Black White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL ( Give kind of work done  Do NOT use retired.)	e during most of working	16b, KINO OF BU	SINESS/INDU	STRY		
BE COM		Noove		18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame)			
TO E	19a. INFORMANT'S NAME (Apa/Print)	19	3923	SS (Street and Number or Rural Parking As	Route Number, City or	vn, State, Zip C	(ode)		
	20a, METHOD OF DISPOSITION 1	ovel from State	AND DATE OF DISPO	oth in its	DATE 20c. LC	Bar	ity or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICE  SUM I Ho		22	2. NAME AND ADDRESS OF FA	BELUE	DERS	AVE		
	23. PART I. Enter the diseases, or complete, or heart feilure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	omplicatione that caused tha delat only one cause on each line  Prince Lucian Due to (or as a conse	aath. Do not enta a. COUENCE of:	er the mode of dying, suc		piratory arre	at, Approximate Interval Between Onset and Dasth		
TION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF):						
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):						
MEDICAL CE	PART II. Other eignificent conditions	contributing to deeth but not	resulting in the u	inderlying cause given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C)	heck only one)				
rsic		HOSPITAL:  1 M Inpetient 2  ER/Outpetient 3	3 DOA 4 Nu	ER: ursing Home 5 - Residence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 (X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fe	ctory, office	281. LOCATION (Street City or Town, State	and Number or )	Rural Route Number,		
COMPLET	1 - 1	CIAN: To the best of my knowledge, do							
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11- MID	1972	29c. LICENSE NU	MBER	29d. DATE :	SIGNED (Month, Day, Year)		
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	CM 27) (Type Origin)			12	117/14		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sina; Hosp. N. Pkuy 30. NAME AND ADDRESS OF PERSON
JIII MOSES MD

Baltimore MD 21215

31. DATE FILED (MONTH, Dey, Year)
DEC 2 0 1993 32. REGISTRAR'S SIGNATURE

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT CERTIFICATE		MENTAL HYGIE	-	2-38320
Balby GI	(1 B) Hu	man		10 3	14 9	12:55 P
Se. FACILITY NAME (If not institution,	1 🗆 M 2 🚺 F	YRS.	DAYS 16 13	7. DATE OF BIRTH (Month, Day, Year)	.92	BIRTHPLACE (State or Foreign Country)
	STITAL	DA	CTIMOR		9c. COUNTY	OF DEATN
PRESIDENCE OF DECEDEN  10a. STATE  10b. 9	DALTI MOLE	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER  10. CON 65TP1  11. MARITAL STATUS  1. Marital 2 Marital	EAM CT #2	20	21209		0	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	I INO IT Y	S DECENDENT OF NISPA es, specify Cubap Maxic YES 2 400 Speci	en, Puerto Rican, etc.)	ps or No 14.	RACE — American Indian, Black, White, etc. Specify: WHI TE
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		e. DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.)	UPATION ling most of working	166. KIND OF BI	USINESS/INDUS	TRY
17. FATHERS NAME (First, Middle, Las	HYMAN		18. MOTNER'S NA	AME (First, Middle, Melde PLE	n Surnamey	ISEM
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (S	SSTRA	AMCT	the	21209
20a. METNOD OF DISPOSITION 1 Description 3 Description 3 Description 5 Description 5 Description 21. SIGNATURE OF FONERAL SERVICE	Ramoval from State cemeter	ACE AND DATE OF DISPOSITI	PITAL16-24	92	BAL	Den D
+SINA!	HOSITAL		2401 1	v. Boll		
ahock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardinas that caused the lure. List only one cause on each DUE TO (OR AS A CO	ilna.				Interval Between Onset and Date
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b		rity (2	3 Loneks C	<i>est</i> uti	on)
PART II. Other significant cond	ditiona contributing to death but r	not resulting in the unde	rlying cause given in		RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC	AL		26. PLACE OF DEATH (CA	eck only one)		
1 YES 2 NO	HOSPITAL;	nt 3 DOA 4 Nursing	Home 5 🗋 Residence	a C Other (Specify)		
27. MANNER OF DEATH  1 Metural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	c. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCUR	ED
2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine	28a. PLACE OF INJURY — / building, etc. (Specify)	At home, farm, street, factory	1 YES 2 NO	28f. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,
	PNYSICIAN: To the best of my knowledg					Nuse(s) and manner as stated
296. SIGNATURE AND TITLE OF CER			29c. LICENSE NU			GNED (Month, Day, Year)
Vigno	B. Lheed	MD	D430	654	10	124192
	geod Sina	(ITEM 27) (Type, Print)	of Ba	ltimore		
31: DATE FILED (Month, Day, Year) FEB 2 4 1994	32. REGISTRAR'S SIGNATURE	RE . AO				the Part of the second

say Start and the same of the same of AMPLE BERTH SILVERY E-Mata St. A. Martin St. Commencer of the state of the stat

Z		Page 1		
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NFTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THE H	THE P	be filed w	IMPORT

	ME (First, Middle, Last,	(1 11			DEATH	2. DATE OF DEATH	DAY V	3. TIME OF DEATH
DAG	vine		man			10 2	9	2 7:90 A
4. SOCIAL SECUN	TY NUMBER	5. SEX 1 M 2	6. AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2 /	BIRTHPLACE (State or Foreign Country)
	(If not institution, give	TAC		BACAT	MOLE	COTY	9c. COUNTY	OF DEATH
10e. STATE	DA	Timpk	10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 M
10e. STREET AND N	ON6ST	PEAM	CT #2	0	1. ZIP CODE 2/209	?	10g. CITIZEN	OF WHAT COUNTRY?
≥ 3 Widowed 4	2 Married	FORCES?	NT EVER IN U.S. ARMED I YES 2 NO MAR OR DATES	If yes, s	CENDENT OF HISPAI pecify Cuber, Mexico 8 2 1 NO Specif	NIC ORIGIN? (Specify Years, Puerto Rican, atc.) fy:	rs or No — 14.	RACE — American Indian, Black, White, atc.
Elementary/Sect	15. DECEDENT'S ED pecify only highest grad ondery (0-12)	UCATION de completed) College (1-4 or 5	(Give kind of	S USUAL OCCUPATI work done during mase retired.)	ON ost of working	16b. KIND OF BU	JSINESS/INDUST	TRY
	(First, Middle, Last)		HYM	41)	18. MOTHER'S NA	AME (First, Middle, Maide	Surname)	SEN
19a. INFORMANT'S			19b. MAJLIN	ADDRESS (Street	and Number or Rural	Route Number, City or To	vri, Statu, Zip Col	AITO MD
4 Donation 5			20b. PLACE AND DATE comptery, trematory, or	other place)	iame of inc 10-26	92 20c. L	BAD	or Town, State
21. SIGNATURE OF	FUNERAL SERVICE L	HOSPITAL		22. NAME A	AND ADDRESS OF FA	Be Liver	Sit H	we
IMMEDIATE CAU disease or cond resulting in deat	SE (Final	. List only one cer	1					Approximate interval Betwee Onset and Da
	conditiona, o immediate	b 62+	OR AS A CONSEQUENCE OF CONSEQUENCE O	aturity	(23	weeks gos	station	
	conditiona, o immediate DERLYING or injury	b. S2 F DUE TO	reme prem	aturity	(23	Weeks go	station	
Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated everesulting in deat	conditiona, o Immediate DERLYING or Injury ents th) LAST	b. DUE TO	OR AS A CONSEQUENCE O	aturity n:	(23	weeks ges	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDIN
Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated everesulting in deat	conditiona, primediate DERLYING or injury onts this LAST	b. DUE TO	(OR AS A CONSEQUENCE O	Aturity  After the underlying the un	(23	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated ever resulting in deat PART II. Other a 25. WAS CASE REFE EXAMINER? 1 YES 2.2.2. MANNER OF DE.1. Netural	conditiona, o immediate DERLYING or Injury shits with LAST Ignificant conditions and the conditions of	b. DUE TO c. DUE TO d	(OR AS A CONSEQUENCE C	26. P.  OTHER: 4   Nursing Hon BE OF   28c. IN. WY	g cause given in	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED? 2  NO	24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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	13	1. DECEDENT'S NAME (First, Middle, L		D					2. DATE OF DEATH DO	AY 1	YEAR	TIME OF DEATH
		Lydia	Pearl	Benne					11 2	6 9	2 1	2:55 A. M
		4. SOCIAL SECURITY HUMBER	5. SEX	6. AGE (In yrs. Ia	st birthday)	MONTHS DA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	. BIRTHPLA Country)	ACE (State or Foreign
70	- 22	235-14-6422	1 M 2 F	91	YRS.	MONTHS DA	HOURS	serre.	9-27-19	01 W		Virginia
Shoul		9e. FACILITY NAME (If not institution,	give street end number)				VN OR LOCAT		ATH	9c. COUNT		
2, 3 should	OR		ivalescen	t Cen	ter	C	roft	n		Ann	ie A	Arundel
	5	RESIDENCE OF DECEDENT 10e, STATE 10b, CO			1							
Page	DIRECTOR			1 1	10c. CITY	, TOWN OR LO						d. INSIDE CITY LIMITS?
permit. Pages 1,		Maryland A1	del	Crofton							☐ YES 2 X HO	
t per	FUNERAL						101. ZIP COD					T COUNTRY?
physician. burial-transit	N N	1231 Davids		Road				114			S.A	
g physician e burial-tra	5	11. MARITAL STATUS  1 Hever Married 2 Merried		YES 2 X					IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No — 14		American Indien, hite, etc.
	B	3 Widowed 4X Divorced	IF YES, GIVE V	WAR OR DATES		1 🗆	YES 2 📉 HO	Specify	<i>y</i> :		Specify	White
8 8 0	ED	15. DECEDENT'S	EDUCATION	16a. Di	CEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	SIMESS/IMPLIS		WILLE
	ET	(Specify only highest	grade completed)	(C	ive kind of w Do NOT us	rork done during	most of worki	ing	IOD. KIND OF BO.	SINE 33/INDUS	IIII	
he hospital of detached for once.	<u>-</u>	Elementery/Secondary (0-12) 8 t h	College (1-4 or 5		0 m o m	aker			Dome	ctio		
the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last	)		ошеш	akel	18. MOT	HED'S NA	ME (First, Middle, Maiden			
be de at o		Joshua	Smith					Sama				
retained to 5 should notified	BE	19e. INFORMANT'S NAME (Type/Print)	OM I OM	19	h MAILING	ADDRESS /Str			Route Number, City or Tow	,	nefe)	-
2 2 2	유	Doris Frank	clin									Md.21146
ay be		20a, METHOD OF DISPOSITION		20b. PLACE		F DISPOSITION		II AV		CATION — Cit		
age 6 may director, pag or must b		1X Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Removal from State	cemetery, cre	matery or ot	her place) Comm	unity	v Ce				.Virginia
		21. SIGNATURE OF FUNERAL SERVICE	E LICEHSEE	001			E AND ADDRE	SS OF FA	CILITY			. VII GIMIO
death. Pag tuneral di i. examiner		Davet 1	Pa	111					Funeral			
0 = = 0		23. PART I. Enter the diagesea,	V. Mars	ullo		398	1 Car	rrol	lton Rd.	Upper	co,	Md. 2115
ficate be executed with four physician and completely filled in the prior to bunial, cremation, or ser traumatic event, the me	IFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to	IOR AS A CONSE	QUENCE OF		9	R	Die			interval Between Onset and Daath
end it	ERTIFI	resulting in death) LAST	_ a									
the death y the atter of Mental	0	PART ii. Other significent cond	itions contributing to	deeth but ont	resulting i	n the under	vina cause	alven in	Pert I. 24a, WAS AN	Altmoney	T nan we	RE AUTOPSY FINDINGS
1 0 0 th	DICAL	a Que Q	seller	C - 2		مگ			PERFOR	IMED?	AVI	AILABLE PRIOR TO DMPLETION OF CAUSE
uires tha signed Health a	ш	00000					000		1 D YES 2	( NO	OF	DEATH?
law requires been Dept. of 23 sho	2										1 10	YES 2 NO
e law req has been Dept. of	AN:	25. WAS CASE REFERRED TO MEDICA	ı.			2:	. PLACE OF (	DEATH (Ch	eck anti-one)			
SICIAN: The law req certificate has been the State Dept. of , or item 23 sho	SICI	EXAMINER?	HOSPITAL:	FR/Outpatient 3	DOA	OTHER:			8 Other (Specify)			
PHYSICIAN: this certifical with the St.	РНУ	27, MANNER OF DEATH	26e. DATE OF	INJURY	28b. TIM8	E OF 28c	IHJURY AT	eeldence	28d. DESCRIBE HOW I	NJURY OCCUI	RED	
NG PHYS fter this ceath with marked		1 Natural 5 Pending	(Month, E	Pay, Year)	INJU		WORK?  YES 2	NO				
ATTENDING ECTOR: After s after death	D BY	2 Accident Investigat 3 Suicide 8 Could no	28e. PLACE C	OF IHJURY — At he	me, ferm, s	treet, factory,	office		281. LOCATION (Street of	and Number or	Rural Route	e Number,
CTOR:	1	4 Homicide datarmine		atc. (Specify)					City or Town, Stete)			
DIR	3	290. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of	my knowledge de	ath occurre	d at the time	deta and alass	and due	to the council and man			
E AN =	MPL		MIHER: On the beele of e									od manner as stated
HOSPI FUNER within	8	29b. SIGNATURE AND TITLE OF CERT						ENSE NUM				
TO THE HOSPI TO THE FUNER TO THE WITHIN IMPORTANT:	BE	De tak	112 0	00	nn		296. 00	IV )	£ 3	29d, DATE S	GNED (Mo	onth, Day, Year)
2 6 3 M	2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type.	Print)			2	1	15)	170
		Roont Vien	concell	195	Da	2600	and	Re	PEIDE	181 C	10 . 1	10 NOT.
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	ARE SIGNATURE	N			2			v ~~	4 00
		NOV 27, 1992		alla	Das	iden	- Na	nela	U.			
			1				1	-				

DIVISION OF VITAL RECORDS P.O. BOX 68760

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

John

1. DECEDENT'S NAME (First, Middle, Last)

			8. AGE (In yrs. last		MONTHS I	DAYS	HOURS		7. DATE C	Day, Year)		Country)	CE (State or Foreign
		1 X M 2 🗆 F		YRS.			1	10		17/92			yland
~	9a. FACILITY NAME (If not institution,		0		9b. CITY, T			N OF DE	ATH			Y OF DEATI	
ē	Prince George:		Center	1	Chev	verl	. у				Princ	ce Ge	orges
DIRECTOR	Maryland Prin	ice George	S	Hyat	r, town or tsvil	LICATI	ON						S. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 3401 Telodo Te	errace Apa	rtment L-	-4		D-CHE	ZIP CODE		16		10g. CITIZE	U.S	· A .
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. ARI 1 YES 2 N WAR OR DATES A	MED	13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Maxican, Puerto F  1  YES 2 NO Specify:				RIOIN? (Specify Yes or No— 14. RACE — Are Black, White		American Indian,		
COMPLETED		highest grade completed)			NT'S USUAL OCCUPATION d of work done during most of working OT use retired.)			16b.	16b. KIND OF BUSINESS/INDUSTRY				
CON	17. FATHER'S NAME (First, Middle, Las Dennis	John	Te	eague			16. мотн Jenn		1111	idde Meiden		th	
2	19a. INFORMANT'S NAME (Type/Print)  Mother		198	b. MAILINO	ADDRESS (	Street an	nd Number	or Rural F	Route Numb	er, City or Town	n, State, Zip C	Code)	sville, M
	20s. METHOD OF DISPOSITION 1		20b. PLACE of cemetary,	AND DATE	OF DISPOS	SITION		ce r	DATE		CATION — CI		
	21. SIGNATURE OF FUNERAL SERVICE				22. NA	AME AN	D ADDRES	S OF FA	CILITY				
	•												
8	Sequentially list conditions.	- a	O (OR AS A CONSEC	OUENCE OF	F):	) <del>  </del>	ur į	7	,	9w	706	tems	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE T	O (OR AS A CONSEC	OUENCE OF	F): F):	)/\tau \( \tau \)	uri	7		2	706	rems	
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A CONSEC	DUENCE OF	F): F):			/		24a. WAS AN PERFOR	AUTOPSY IMED?	24b, WE AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DE CAUSE DEATH?  YES 2 NO
MEDICAL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant cond	c. DUE TO d. Sittions contributing to	O (OR AS A CONSEC	DUENCE OF	F): F):	darlying	g cause g	/	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b, WE AM CO OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
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COMPLETED BY PHYSICIAN: MEDICAL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other algnificant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigated and Suicide 6 Could in detarming the conduction one)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER ENTER OF THE CERTIFING (Check only one)	DUE TO COMPLETED CANNOT BE THE PROPERTY OF THE	O (OR AS A CONSECTION OF CONSE	DUENCE OF DUENCE	OTHER: 4 Und  OTHER: 4 Und  OTHER: Und  OTHER: 5 University  Other:  O	26. PL : : Top Home WO 1  Y ry, office	ACE OF DE  S = Rei  UNY AT  (ES 2 = and piece, seth occur  29c. LICE	John In EATH (Ch. In Inc.) NO and due of at the NSE NUI	Part I.  eck only on  6 Other  284. LOC. City of  to the cau time, deta	24a. WAS AN PERFOR	AUTOPSY IMEO?  NJURY OCCU  and Number of the data to the 29d. DATE  0 3	24b, WE AM COP 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MPLETION DF CAUSE DEATH?  YES 2 NO  NUmber,  Manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

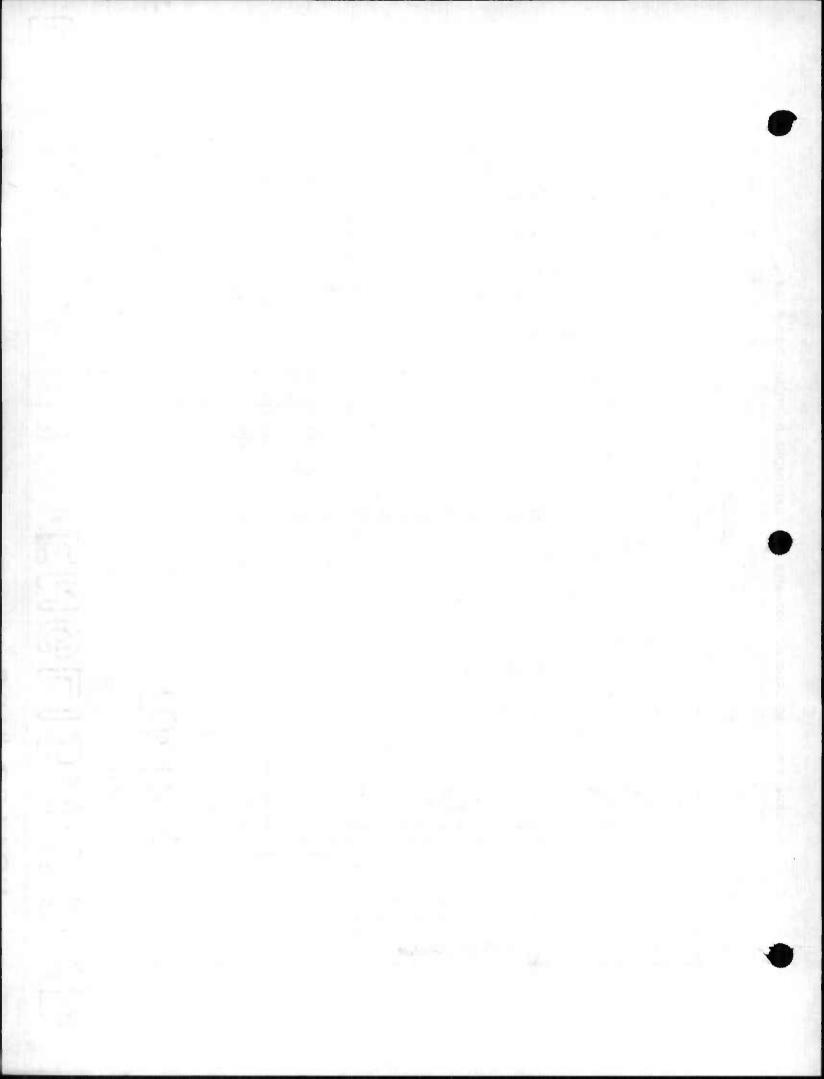
Smith-Teague

REG. NO.

8:20 P.

2. DATE OF DEATH 12/17/92

> and Number or Rural Route Number, nd due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) ▶ 03/21/94 DHMH-16 Rev 1/89



92-38333

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ceasar 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs, last birthday FUNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State Country) 1-M 2 F Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give stre 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY ( 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY yd t YES 2 NO permit. FUNERAL toe STREET AND NUMBER tor. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 03 AVE 3 burial-transit 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No ours after death. Page 6 may be retained by the hospital or attending physician. tt. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE - American Indien, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 t Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced detached for use as the BE COMPLETED ts. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (t-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) Fisher 18. MOTHER'S NAME (First, Middle, Maiden Surname Vaughan page 5 should be ntoniette tarrid 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (St 2 Harric Ver A must be 200. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State funeral director, 4 Donation 6 Other (Specify) or other traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY in by the i 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or reapiratory errest, shock, or heert feiture. Liet only one ceuse on each line. Approximats interval Between ŏ Onset and Death **IMMEDIATE CAUSE (Fine)** cremation, disease or condition completely reaulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with gestatio Hygiene prior to burial, CERTIFICATION and Sequentially list conditione, DUE TO (OR AS A DONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events the attending physician DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST en signed by the atter of Health and Mental injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO shows any COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO t TYES 2 NO has been PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State certificate HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) this certifi 0 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED marked, t 🗌 Natural t YES 2 NO BY death DIRECTOR: After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town. State) 69 COMPLETED 6 Could not be TO THE HOSPITAL OR ATTENC TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 Is after 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner as stated, (Check only one) 2 MEDICAL EXAMINER: On the basis of examiner opinion, death occured at the time, date end place, end due to the cause(s) and manner ee stated 29s. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 31. DATE FILED (Month, Day, Year) PZ. REGISTRAR'S SIGNATURE

JUN 2 9 1994

OX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be fled within 72 hours after death with the State Debt, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	IAN: The law requires that the death certificat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, o

Carmen E. Enecio
31. DATE AUG 28 1994

WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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:35 P M		2. DATE OF DEATH	2 DA1		ICATE O			net)	REGISTRAR  ECEDENT'S NAME (First, Middle, Li
.00		MONTH DA	MOR						rica Nicole Ja
(State or Foreign	0. BIRTH	7. DATE OF BIRTH	24 HRS. 7. DAT	IF UNDER 24 HR	IF UNDER 1 YEAR	In yrs. lest birthday)	6. AGE	5. SEX	OCIAL SECURITY NUMBER
and	Country	(Month, Day, Year) 3/26/92	mire.	11000	MONTHS DAYS	YRS.	F	1 🗆 M 2)	
anu	9c. COUNTY OF D			OR LOCATION O	9b. CITY, TOWN		nber)	rive street and numb	FACILITY NAME (If not institution, g
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	FILINCE						JI COI C		outhern Maryla
NSIDE CITY LIMITS? YES 2 NO				TION	Y, TOWN OR LOC Linton		eorges	cince Ge	
OUNTRY?	10g. CITIZEN OF W			ZIP CODE	1	e la com			STREET AND NUMBER
	U.S.A.		35	8609 Shannon Drive 20735					
nerican Indian, a, atc.	or No- 14, RACE	ORIGIN? (Specify Yea Puarto Rican, atc.)	F NISPANIC ORIG	ENDENT OF NIS	13. WAS DI		ECEDENT EVER II		MARITAL STATUS
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	INESS/INDUSTRY	16b. KIND OF BUS	9	on st of working	work done during r	16s. DECEDENT'S (Give kind of life. Do NOT u	-4 or 5+)		(Specify only highest g
	Sumame)	E (First, Middle, Maiden	ER'S NAME (First	18. MOTHER'S				,	ATHER'S NAME (First, Middle, Last)
	,	nn Owens					īr.	ckson. J	ohn De <b>la</b> no Jac
	, State, Zip Code)	ute Number, City or Town	_		ADDRESS (Stree	19b. MAILING	-	ALDONY C	INFORMANT'S NAME (Type/Print)
5	cvland 20	inton, Ma	re Clint	Drive	Shannoi	8609			racy Jackson
	ATION — City or To				OF DISPOSITION	PLACE AND DATE			METNOD OF DISPOSITION
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Onset and Death			ng, such aa ca	da of dying,	not antar tha m	tha death. Do	ona that cause	or complication	PART I. Entar the diseases, ahock, pr haert failu
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7503 Surratts Road Clinton, Maryland 20735

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745	1, 2, 3,	DIRECTOR	Carroll County	General Ho	spital	1	lestmi	nster			Carroll		
		REC	10a. STATE 10b.	COUNTY			OWN OR LO					10-	d. INSIDE CITY
	permit. Pages			arroll		West	minst	er				l y	YES 2 NO
	Deci	₹¥	10e. STREET AND NUMBER					10f. ZIP CODE					T COUNTRY?
30.	ransit	FUNERAL	3201 Ridge Roa					21157				SA	
	the burial-transit	BY FU	11. MARITAL STATUS  1 X No Yer Married 2 Marrie  3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes,	Specify Cuban, Maxica ES 2 NO Specifi	en, Puerto	Rican, etc.)	or No-	14. RACE — Black, W Specify: Whi	American Indian, hite, atc.
Tendi	83		15. DECEDENT	'S EDUCATION		- 1, - 1			-	16b. KIND OF BUSINESS/INDUSTRY			CC
212 212	lor use	COMPLETED	(Specify only higher Elementary/Secondary (0-12)	t grade completed)  College (1-4 or 5	40	Give kind of work fe. Do NOT use re	done during tired.)	most of working					
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RYLAND ed by the hospi	detached once.	Ö	17. FATHER'S NAME (First, Middle, L	nst)		- 101		16. MOTHER'S NA	ME (First,	Middle, Malden	Surname)		
YL SYL	<b>a b c</b>	BE (	Gary Michael B	aker						ce Hub			
, MARYI be retained by	5 should	2	19a. INFORMANT'S NAME (Type/Pris		1	96. MAILINO AD	DRESS (Street	et and Number or Rural	Route Nun	nber, City or Tow	n, State, Zip (	Code)	E7
	bage 5	-	Jean Darleen N	elson		200 Mer	norial	Avenue	West	tminste	er, Mu	211	.5/
	must		20a. METHOD OF DISPOSITION 1 Burjal 2 Cremation 4 Donation 6 XOther		20b. PLACE cometery, co	rematory or other	place)	<sub>Name of</sub> General Ho	spit	tal 7/2	22/92		stata cminsterMD
Pag :	runeral di I. examiner		21. SIGNATURE OF FUNERAL SER	per upringer	,			AND ADDRESS OF FA					
AL	exam	4	1.1.1	1000	cel	VIF	Car	roll Cour	ity (	ieneral	HOSP	ninst	er,MD 2115
The state of	or removal		23. PART 1. Enter the disease	s, or complications the	et caused the d	leath. Do not	anter the	node of dying, suc	h ss ca	diac or respi	ratory srre	st,	Approximate
sine	BOE		shock, or heart for IMMEDIATE CAUSE (Final	illure. List only one ca	use on each lin	ie.							Interval Between Onset and Dasth
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60, with	al, cremati event, t		resulting in death)	DUE TO	O (OR AS A CONSI		at t cy						
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		PHYSICIAN:	25. WAS CASE REFERRED TO MED EXAMINER?					PLACE OF DEATH (Ch	eck only o	one)			
VITA	the State	Sic	1 (X YES 2 7 NO	HOSPITAL:	☐ ER/Outpatient		THER:	ome 5 🗆 Rasidenca	8 🗆 Oth	er (Specify)			
OF VI	with th	E	27. MANNER OF DEATH	28a. DATE Of	F INJURY Day, Year)	28b. TIME O		INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCCI	URED	
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SIO	er de	ED	3 Suicide 6 Could	not no Duliding	OF INJURY - At h	nome, farm, stre	et, factory, o	ffica	28f. LO C/t)	CATION (Street a	and Number o	or Rural Route	Number,
DIVISIO DR ATTENDIN	DIRECTOR: After the hours after death vitem 28 is mart		4 Homicide detarm	med									
0 0	72 hours	립	Chart buy 1 CERTIFYING	PHYSICIAN TO the best o	if my knowledge, d	death occurred a	t the time, d	eta and place, and due	10 the ca	ruse(a) and mar	ner se state	d.	
TIASC	within 72	COMPLET	2 MEDICAL E	AMINER ON HA basis of	samination and/or	r investigation, i	n my opinior	, death occured at the	time, det	a and placa, an	d due to the	cause(a) an	d manner as stated.
	fled within	BE C	296. SIGNATURE AND MILE OF CE	ATTRIES /	XX	HE VI		29c. LICENSE NUI	мвен				onth, Day, Year)
6	M File		Cutato 6	Jane,	124			D05905			▶ 8,	/30/9	4
		7	30. NAME AND ADDRESS OF PERS									140	04.157
			Richard A. Jone	s, M.D. Car	rroll Co	ounty G	enera	I Hospita	I W	estmin:	ster,	MU	21157

M. REGISTRAN'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

6. AGE (In yrs. lest birthday)

YRS.

0

REG. NO.

22

19:38

8. BIRTHPLACE (State or Foreign Country)

MD

9c. COUNTY OF DEATH Carroll

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

7/22/92

1 - FOR STATE REGISTRAR

N/A

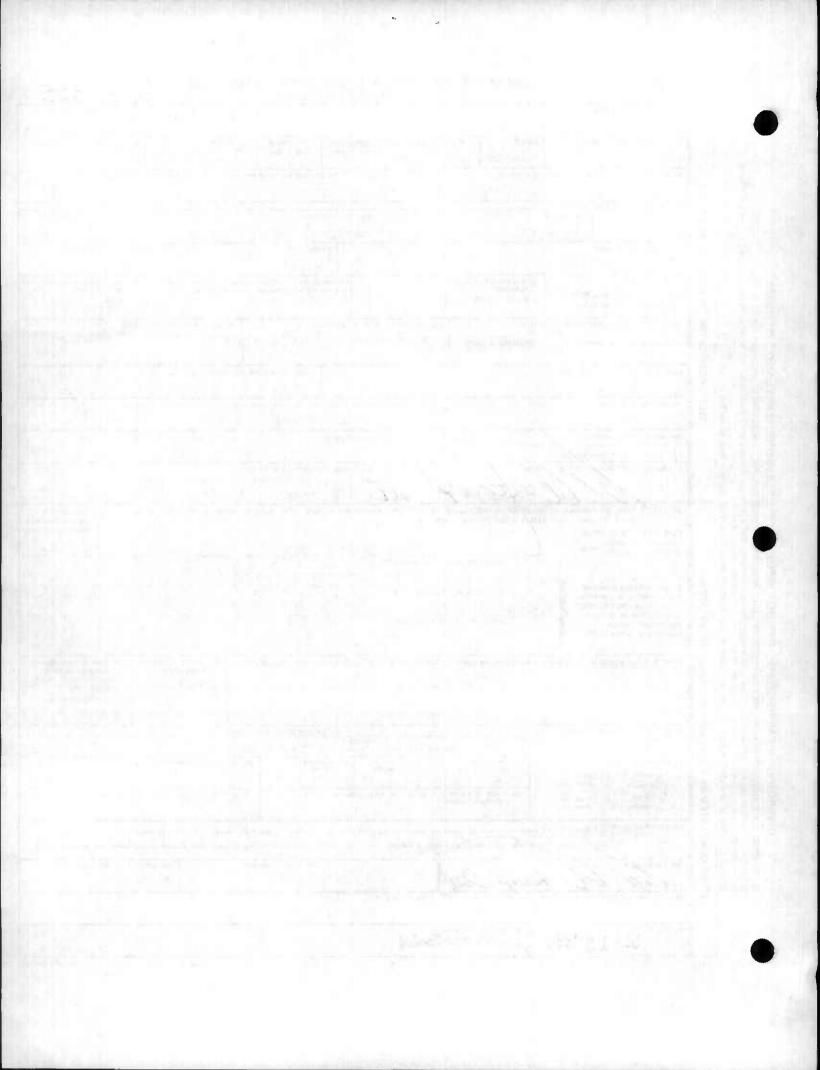
1. DECEDENT'S NAME (First, Middle, Last)

SEP 1 3 1994

BABY GIRL (LINDSEY) baker

9a. FACILITY NAME (If not institution, give street and number)

1 M 2 KF



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RECORDS, P.O.	cacuires that the death carliff
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ITAL RECORDS, P.O.	The law consiste that the death certifi
N OF VITAL RECORDS, P.O	C DEVENDANT The law comings that the death certifi
ION OF VITAL RECORDS, P.O	DING DEVELOAM: The law comings that the death certifi
ISION OF VITAL RECORDS, P.O	TTENDING DRYCK AN: The law consider that the death cardiff
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	OD ATTENDING DEVOCION. The law consiste that the death certificate he awareted within hours often death. Date 6 may be reserved by the boarding or retooding the mission

burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exprours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the liber within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF	RTMENT	OF H	IEALTH DE A	AND I	MENT	AL HYGIE		12	38331
1. DECEDENT'S NAME (First, Mi									MON		DAY_	YEAR	3. TIME OF DEATH
Kauffman									-	ct.	T8	1992	7:50 A
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yr	s. last birthday) YRS.	MONTHS (	YEAR DAYS	of UNDER	MIN.	7. DAT	TO TO TO	2	8. BIRTI	HPLACE (State or Foreign Ty) USA
90. FACILITY NAME (If not institu Howard Co	unty	treet and number) 7 Genera	al Ho	sp.	96. CITY, 1	lun	bia	, M	EATH Cl.			E SWO	
RESIDENCE OF DECE	DENT												
						n town or location						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER				2		101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
10809 Gr	aelo	och Rd.					207	07				USA	
11. MARITAL STATUS  1 Never Merried 2 Merried  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cu IF YES, OIVE WAR OR DATES  13. WAS DECENDEN. If yes, specify Cu IF YES, OIVE WAR OR DATES							ecity Cube	n, Mexica	in, Puerto		es or No-	14. RAC Blac Spec	E — American Indian, k, White, etc. illy:
15. DECEDI (Specify only hi			16:	DECEDENT'S	USUAL OCC	UPATIO	ON .		16	b. KIND OF B	USINESS/INI	DUSTRY	
Elementary/Secondary (0-12		College (1-4 or 6	+)	life. Do NOT u	work done du se retired.)	ung mo	ST OF WORK	ng					
17. FATHER'S NAME (First, Middle	le, Last)				1		100		_	Middle, Meide Kauf			MANNY.
19s. INFORMANT'S NAME (Type	/Print)									mber, City or To			20707
20e. METHOD OF DISPOSITION 1	3 Rem	oval from State		ACE AND DATE y, crematory or o		ION (Na	ama of		OA	TE 20c. L	OCATION —	City or To	own, State
21. SIONATURE OF FUNERAL S	ERVICE LIC	CENSEE			22. N	AME A	ND ADDRE	SS OF FA	CILITY				
23. PART i. Enter the dise ahock, or hear IMMEDIATE CAUSE (Final disease or condition reaulting in death)	esea, or or transfer.	a.	nen	e death. Do lina.	wit	he mo	da of dy	ing, auc	h aa ca	rdiec or rea	piratory ar	reat,	Approximata interval Batweel Onset and Deat
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	ta	b. DUE TO	rete	ntuy nsequence of nsequence of	Rup	te tu	liv re a ut	er f is	Me	mbr	ane	0	
PART II. Other algnificent	condition	e contributing to	death but r	not resulting	in the und	leriyin	n Q	given in	Part i.		N AUTOPSY DRMED? 2 NO	241	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1, Natural Pending Investigation M 1 TES 2 - NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

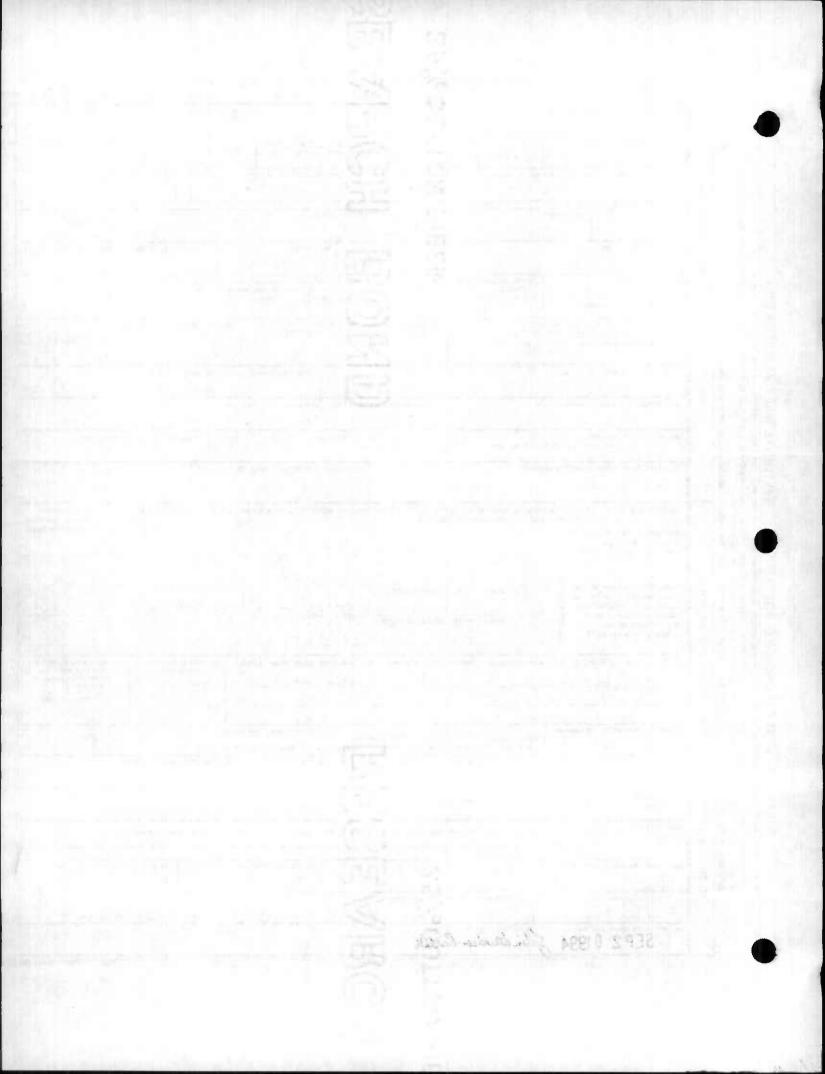
29e. CERTIFIER (Check only one) CERTIFYINO PHYSICIAN

29h, SIDHATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Phylis Munkuero	D33911	1 9-13-94
20 HAME AND ADDRESS OF BERGAN WHILE STATE OF THE STATE OF		

MD 1085

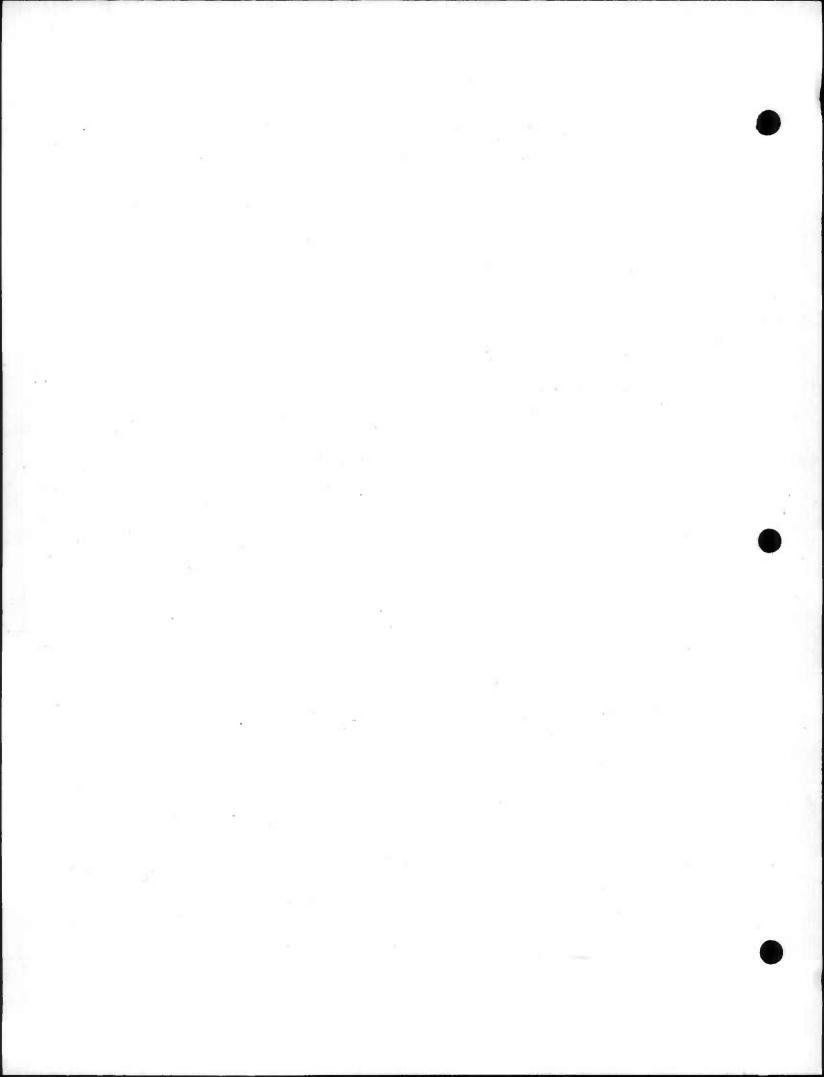
31. DATE PILEO (MONTH, Day, Your)
SEP 2 01994 32. REGISTRAR'S SIGNATURE

Columbu su

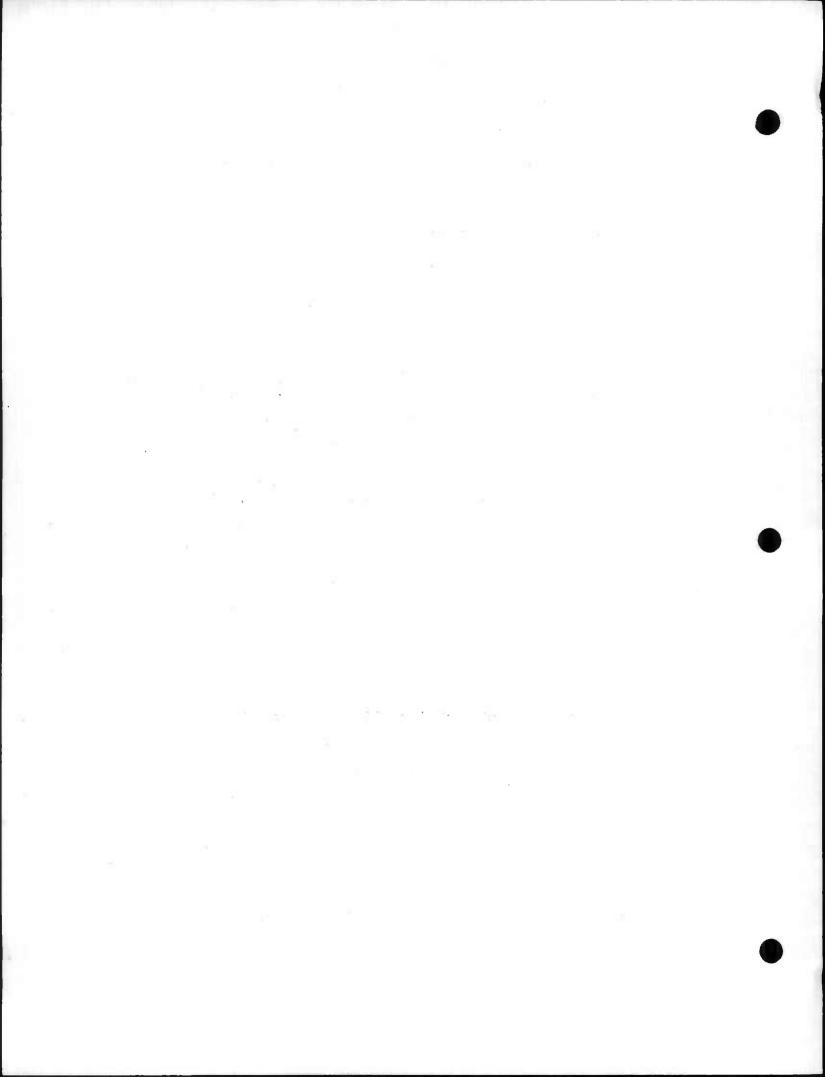


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DIVISION OF VITAL RECORDS, P.O. BOA 80/80,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after dea	
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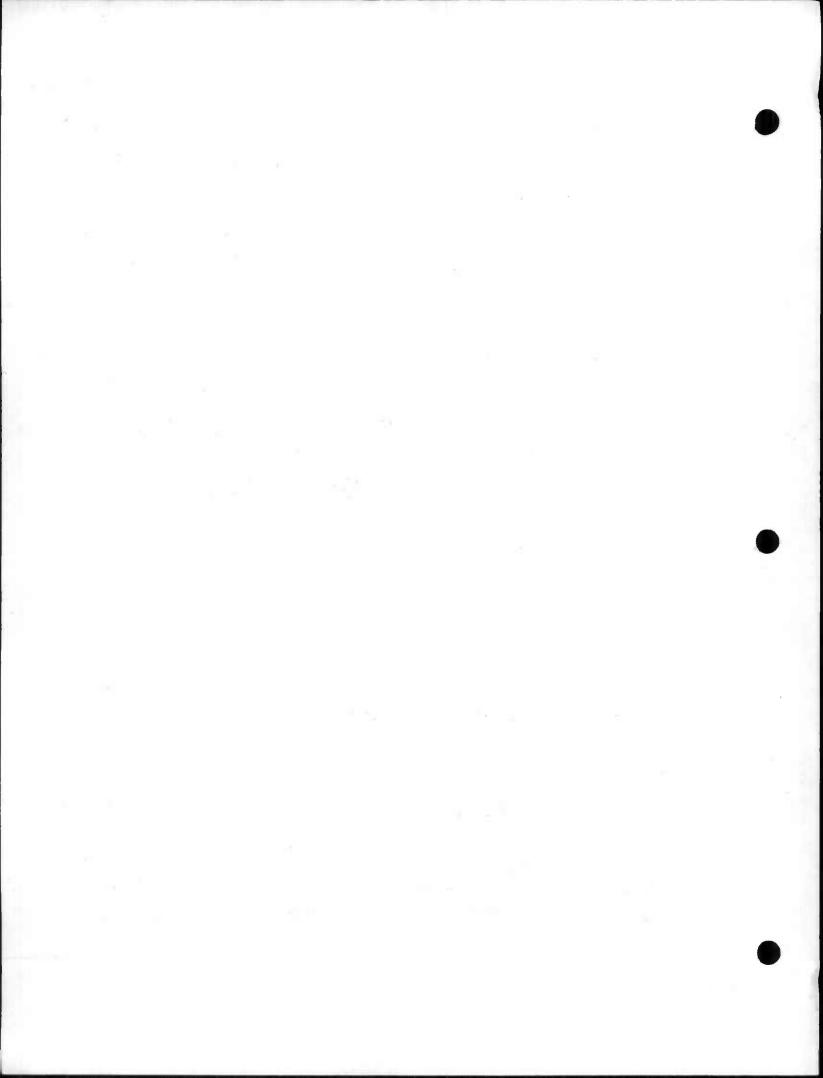
		FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND	MENTAL HYGI REG.	- / ~	-38338
		1. DECEDENT'S NAME (First, Middle, Last)  Darl	45 Wil	Son	ALSTON	2. DATE OF DEATH	٧	SEAR 3. TIME OF DEATH
P		4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. le	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 7 - 3)		BALTIMARE
2, 3 should	стов	9e. FACILITY NAME (If not institution) give so	pital	96. CITY,	A / Himore		9c. COUNT	S A
permit. Pages 1,	DIREC	100. STATE 100. COUNTY BAC	timure	10c. CITY, TOWN O	R LOCATION			10d. INSIDE CITY LIMITS? 1 TYES 2 DNO
. usit	FUNERAL	18 Chadro	R Court	1 1 1 1 1 1 1	10f. ZIP CODE 2/20	7	10g. CITIZE	N OF WHAT COUNTRY?
ding physician.	B⊀	11 MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ND II	VAS DECENDENT OF HISPAI yes, specify Cuben, Mexico YES 2 ND Specifi	n, Puerto Ricen, atc.		Black, White, etc.  Specify: R/ ACP
hospital or attending lached for use as the	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Sacondary (0-12)	completed) ((	ECEDENT'S USUAL OC Give kind of work done d b. Do NOT use retired.)	CUPATION uring most of working		BUSINESS/INDUS	STRY
be de art on	ш	17. FATNER'S NAME (First, Middle, Lest) DAShAWD	achiest A	Iston	18. MOTHER'S NA	ME (First, Middle, Mei		
be retained ge 5 should e notified	TO B	19e. INFORMANT'S NAME (Type/Print)	19	8 Char	(Street and Number or Rural	Route Number, City or	Town, State, Zip Co	1D Z /267
e 6 may rector, pa		20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Remote 4 Donation 5 Other (Specify)	comatery, cre	and DATE OF DISPOSI emerory or other prisce)	SPITAL	B	ALTIN-CH	y or Town, State MORU, MO
death. Pe funeral		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	20,	UAL HOSP	IFAL Veder	LAVE	-21215
ted within z= nours after completely filled in by the ial, cremation, or removal; event, the medical		23. PART t. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each line	a.			espiratory srrea	t, Approximate interval Between Onset and Death
certificate be executing physician and tygiene prior to bur r other traumatik	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (DR AS A CONSE	1 CABBY				
the death the atte Mental	R	PART II. Other algorificant condition	a contributing to death but not	resulting in the unc	derlying causa given in	Part i. 24a. WAS	AN AUTOPSY EQRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
requires een sign of Heal	ME	DID TOBACCO USE C	HORIOAMNON			1 [] YE		COMPLETION OF CAUSE OF DEATH?  1 YES 2 ND
- t e e e	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL:	OTHER	28. PLACE DF DEATN (Ch			
PHYSICIA this certif with the		MANNER OF DEATN  Natural 5 Pending	1 Inpatient 2 ER/Outpatient :		ing Nome 5 Residence 28c, INJURY AT WORK? 1 YES 2 ND	6 Other (Speally) 28d. DESCRIBE NO	W INJURY OCCU	RED
TTENDING TOR: After after deatt 28 is ma	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INDURY — At he building, etg. (Specify)	I S m		281. LOCATION (Str. City or Town, St.	atel	Rural Route Number,
	COMPLE		CIAN: To the best of my knowledge, de R: On the beele of examination end/or			to the cause(s) end	manner as atated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			IGNED (Month, Day, Year)
# # # # <b>#</b>	24	24 NAME AND ADDRESS OF PERSON WHO		EM 27) (Type, Print)			1 // /	1/ //
		31. DATE FILED (Month, Day, War) SEP 3 0 1994	Julia Dander han	Sall				



		FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTMENT	OF HEALTH AND	MENTAL HYGII		-38339
		1. DECEDENT'S NAME (1975), MICHIE, LEIST)  BABY SHIRLE	J JOHN:	SONT		2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
P.		4. SOCIAL SECURITY NUMBER	1042 DF 200	yrs. lest birthday) IF UNDER  KS YRS. MONTHS	DAYS HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	94	BIRTHPLACE (State or Foreign Country) SINAL HOSP
. 2, 3 should	TOR	9a. FACILITY NAME (If not institution, give st  SINAI  RESIDENCE OF DECEDENT	OSP	9b. CITY	BAZTIMOL		9c. COUNTY	OF DEATH  A
permit. Pages 1,	DIRECTOR	MARYLAND BAL	timore Cir	ty BAL	FIMORE !	Cita		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ışı	FUNERAL	845 LENNOX	Stapt	6	101. ZIP CODE 2/2/	7	10g. CITIZEN	OF WHAT COUNTRY?
5-0020 nding physician.	BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 XNO	WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 ND Specify	en, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc.
2121 al or afte for use a	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION	8a. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)		16b. KIND OF	BUSINESS/INDUST	RY
LAND the hospi	t once.	17. FATNER'S NAME (First, Middle, Last)	0	NONE	18. MOTHER'S NA	ME (First, Middle, Maid	den Surname)	11
MARY retained by 5 should be	TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS	S (Street and Number or Rural	Boute Number, City or	lown, State, Zip Coo	bhnson
m, ~ §	must be	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremellon 3 Remote 4 Donation 5 Other (Specify)		LACE AND DATE OF DISPOS ery, Crematory or other place)	SITION (Name of	DATE 20c.	LOCATION - CHY	or Town, State  OPO, Md, 212 F
	examiner	21. SIGNATURE DF FUNERAL SERVICE LIC	ENSEE	29	NAME AND ADDRESS OF FA	HAL PALOPO E	7UP -6	2/2/5
beath cartificate be executed within a rhours after attending physician and completely filled in by the rital Hygiene prior to burial, cremation, or removal	or other traumatic event, the medical	iMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	List only one cause on sac	E PREMONSEQUENCE OF):  MABILITY ONSEQUENCE OF):			epiratory srrest,	Approximets interval Battwee Onset and Das
CORDS, I likes that the deatl signed by the atte	shows any injury, o : MEDICAL CE	PART II. Other significent condition  CHORID Am A	NONITLS			PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINGING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
A L law has the Dept	23 s	DID TOBACCO USE C 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		AUSE OF DEAT	H YES NC			/\
F 5 5 5	à À	1 VES 2 NO	1 Spital: 1 Inpatient 2 ER/Outpatie 28a. DATE OF INJURY	ent 3 DOA 4 Num	R: sing Home 5 - Realdence 28c. INJURY AT	8 Other (Specify) 28d, DESCRIBE HO	W IN HIBY OCCUPA	
ON OF DING PHYSIC After this cer death with th	marked BY Pt	1 Natural 5 Pending 2 Accident Investigation	Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO	and objecting the	W MOON! OCCOR	
ISI TEN TOR:	28 is TED	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, street, fact	ory, office	281. LOCATION (Stre City or Town, St.	iet and Number or R ate)	ural Route Number,
	의 신		CIAN: To the best of my knowled R: On the basis of examination e					ruse(s) end menner es stated,
TO THE HOSPITAL TO THE FUNERAL De filed within 72	TO BE COM	296. SIGNATURE AND TITLE OF CERTIFIER	PARSHAD	A.	29c. LICENSE NU	MBER	29d. DATE SIG	9/94
	F	36. NAME AND AUDRESS OF PERSON WHI	AD SIN	IAI HOS	PITAZ, E	3A, M.	D	1
		31. DATE FILS EP 30 (1981) 994	M. REGISTRAR'S SIGNATI	arlett				



		1 - STATE O	F MARYLAND / DEPARTMENT CERTIFICATE		ENTAL HYGIENE REG. NO.	1-38340
		t. DECEDENT'S MANE (First, Middle, Last)	Ember M	shown?	DATE OF DEATH DAY	3. TIME OF DEATH  2 Unknown M
		4. SOCIAL SECURITY NUMBER  5. SEX  1  M 2	F C YRS. last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS. 7 DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 9-92	BIRTHPLACE (State or Foreign
, 3 should	OR	SINAL POSOLAR	9b. CITY,	TOWN OR LOCATION OF DEAT	H O + BOL COUNTY	Y OF DEATH
Pages 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT  100, STATE  100, COUNTY	10c. CITY, TOWN OF	LOCATION	- Compositor	10d. INSIDE CITY LIMITS?
permit. P		100. STREET AND NUMBER	e City BACT,	MORE CI	10g. CITIZE	t ☐ YES 2 ☐ NO
020 physician. burial-transit	FUNERAL	L. FORCES		AS DECENDENT OF HISPANIC		
215-0020 attending physicuse as the burial	BY			yea, specity Cuben, Maxican, I	Puerto Rican, etc.)	Specify: Black
2 2 2	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Seconflary (0-12)  College (1-4, c	16e. DECEDENT'S USUAL OC (Give kind of work done do life. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BUSINESS/INDUS	TRY
	COMPL	17. FATHER'S NAME (First, Middle, Last)	A NON	16,MOTHER'S NAME	(First, Middle, Meiden Surname)	
ज दिन्	8	DONALD ASHEU	MAILING ADDRESS	(Street and Numbber or Rural Rou	MUNIGORE ZIO CI	Wilson
63 44	2	20a. METHOD OF DISPOSITION	4307	lidgewood	of Cive 1	Bult MD ring
e 6 m ector,		t   Burlai 2   Cremation 3   Bemoval from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE AND DATE OF DISPOSIT	ospital.	BALtin	WORD, MD.
death. death. e funera al. examin		21. SIGNATURE OF FUNERAL SERVICE EICENSEE	31	NAL PLOSPIT	AL DO DUP-	-21215
Ed within 24 hours after completely filled in by the idid, cremation, or removal event, the medical			that caused the deeth. Do not enter to cause on each line.  Compared to the cause of the cause o	he mode of dying, such s	s cerdisc or respiratory stres	Approximete interval Between Onset and Death
D.O. BOX 68"  In certificate be execute Inding physician and or Hygiene prior to buria  or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	TO (OR AS A CONSEQUENCE OF):	·		
RECORDS, F w requires that the death been signed by the atten pt. of Health and Mental 3 shows any Injury, or	MEDICAL C	PART II. Other significant conditions contributing			PT I. 24a. WAS AN AUTOPSY BERFORMED?	24b. WERE AUTOPSY FINDINGS AMPLIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
23 Per 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CIAN	DID TOBACCO USE CONTRIBUTED TO MEDICAL HOSPITAL HOSPITAL		26. PLACE OF DEATH (Check	only one)	
OF VIT	PHYSICIAN	1	2 ER/Outpatient 3 DOA 4 Nursi	ng Home 5 Rasidenca 8	Other (Specify)  Id. DESCRIBE HOW INJURY OCCUI	RED
ION OF VOING PHYSI T. After this or r death with Is marked,	ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 2 2 28. PLA	DE OF INJURY — At home, farm, atreet, facto	1 YES 2 NO	elivered namedated	ets 49 hone
DIVISION OF VITA L OR ATTENDING PHYSICIAN: The OIRECTOR: After this certificate h hours after death with the State of Nem 28 is marked, or Item	ETED	4 Homicide datarmined	ling, atc. (Specify)  Ovac		City or Town, State)	THE THOUGH THE THE
3 3 2 5 5	COMPL		at of my knowledga, death occurred at the tin of axamination and/or investigation, in my op			
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	8	29b. SIGNATURE AND TITLE OF CERTIFIER	-	29c. LICENSE NUMBE	R 29d, DATE S	SIGNED (Mornin, Day, Year)
4 4 9 <b>2</b>	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, Print)	Rouevel	/	
		1010000	STRAR'S SIGNATURE	NO IO		



WRIGHT GIRL MARTINA 10520738-2036

STATE OF MARYLAND / DEPARTMENT OF HEATH AND MENTAL HEATH OF NOTE: THIS IS NOT A LEGAL DOCUMENT

SOCIAL SECUPITY NAME (If not institution, pive so	1 4.0 m		E DEATH	REG. NO.		
NONE	ly sul !!	matini.	7)	2. DATE OF DEATH MONTH DAY	92	2. TIME OF DEATH
e. FACILITY NAME (If not inetitution, give a	6. AGE (in yrs.	lest birthday) IF UNDER YRS. WONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Moreh, Day, Year)	2 3	THPLACE (Same or Foreign ray)
Sinal Hogoita	treet and number)	Ba	LTIMORE	City	BALTI	MORE Cité
RESIDENCE OF DECEDENT	LimonoCity	10c CITY, TOWN C	OR LOCATION	0.1		10d. INS/DE CITY LIMITS? 1 XYES 2 NO
10L STREET AND NUMBER	Jale Aug	IDAGT	for ZIP CODE	5	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS    Nover Married 2   Married		NO	WAS DECENDENT OF HISPA	an, Puerto Rican, atc.)	or No- 14. RA	CE — American Indian, ick, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES  CATION 16a.	DECEDENT'S USUAL O	1 YES 2 NO Speci	16b. KIND OF BUSH	NESS/INDUSTRY	BLACK
(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 8+)	(Give kind of work done life. Do NOT use retired.)	E_	No	DNE	
TT. FATHER'S NAME (FIRST, MICONA, LAST)	N Kidwel	1	18. MOTHER'S N.	AME (First, Middle, Meiden S	18 U	leight
19s. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRESS	S (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)	
20s. METHOD OF DISPOSITION 1  Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. PLAC conference.	CE AND DATE OF DISPOS	SDI + AL	DATE 20c. LOC.	LHIM - CHY or	ORC. MI
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	S	NAME AND ADDRESS OF F	HAL AL	0 _ 1	1015
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON:  DUE TO (OR AS A CON:  DUE TO (OR AS A CON:	SEQUENCE OF):				
that initiated events	d					
CAUSE (Disease or Injury that initiated events resulting in death) LAST	s contributing to death but no	it resulting in the U	nderlying cause given it	Part I. 24s. WAS AN A		
that initiated events resulting in death) LAST	s contributing to death but no	ot resulting in the U	nderlying cause given it	Part I. 24a. WAS AN A PERFORM	IED?	AMILABLE PRIOR TO
that initiated events resulting in death) LAST  PART II. Other significant condition	ns contributing to death but no	ot resulting in the U		PERFORM 1   YES 2	IED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition  23. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	PERFORM 1 VES 2	IED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other significant condition  2s. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending		ОТНЕ	26. PLACE OF DEATH (C	PERFORM 1 VES 2	MO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other eignificant condition  23. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpatient 28e, DATE OF INJURY	3 DOA OTHE 4 Mu 28b. TIME OF INJURY	26. PLACE OF DEATH (C.R.: rsing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO	PERFORM 1 VES 2  theck only one)  8 □ Other (Specify)	NO NO JURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant condition  23. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending 1 Investigation 3 Suicide 6 Could not be determined  20s. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Outpetient 28e, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJURY — Al	29b. TIME OF INJURY M	26. PLACE OF DEATH (C) R: rising Home 5 Residence 28c. INJURY AT WORK? I YES 2 NO ctory, office	heck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street ar City or Town, State)	JURY OCCURED  THE NO Number or Run  Ther as stated.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined  29s. CERTIFIER (Check only	Inpetient 2 ER/Outpetient  28e, DATE OF INJURY (Month, Dey. Veer)  28e. PLACE OF INJURY — Albuilding, etc. (Specify)  ICIAN: To the best of my knowledge.	29b. TIME OF INJURY M	26. PLACE OF DEATH (C) R: rising Home 5 Residence 28c. INJURY AT WORK? I YES 2 NO ctory, office	PERFORM  1 VES 2  theck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street ar- City or Town, State)  ie to the cause(s) and manual in the cause(s) and manual in the cause(s) and piece, and	JURY OCCURED  No Number or Rug  ner as stated.  due to the caus  29d, DATE SIGN	completion of cause of DEATH?  1 YES 2 NO  al Route Number  e(s) end manner as stated.  ED (Month, Day Year)
PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined  290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 □ ER/Outpetient 28e, DATE OF INJURY (Month, Day, Yber)  28e. PLACE OF INJURY — Albuilding, etc. (Specify)  ICIAN: To the best of my knowledge. ER. On the basis of examination end.	DOA OTHE 4 Nu 295. TIME OF INJURY M home, farm, street, fac	26. PLACE OF DEATH (C.R.: rising Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO ctory, office time, dete end place, and de- opinion, death occured at the	PERFORM  1 VES 2  theck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street ar- City or Town, State)  ie to the cause(s) and manual in the cause(s) and manual in the cause(s) and piece, and	JURY OCCURED  NO Number or Rug  Nor as stated. I due to the Caus  29d. DATE SIGN.	AAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  A Route Number  e(s) and manner as stated.

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death.

funeral director.

31. DATE FILED (Month, Pay, Year) 1994

32 REGISTRAR'S SIGNATURE

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m	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after dea	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	f from 20 to marked on from 22 about one faither as abbeer descention and the medical and
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	7	그	1 16

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Baby boy TOM Campbell 1992 03:37 AM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 23 1 XM 2 F YRS 01/25/1992 usa 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Landover Md 1 XXYES 2 □ NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6608 W. Forest Road, #201 20785 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify BY Specify: 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify Elamentary/Secondary (0-12) Collega (1-4 or 5+) COMPL infant once. 18. MOTHER'S NAME (First, Middle, Malden Surname) 17. FATHER'S NAME (First, Middle, Last) BE Sheila A. Campbell notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 Hospital/B.C o o 20a. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION - City or Town, State must 4 Donation 5 Other (Specify) Hospital examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate ahock, or haart fallure. List only one cause on each line Interval Batween IMMEDIATE CAUSE (Final Onset end Death the disesse pr condition resulting in death) Cardiac Arrest event, DUE TO (OR AS A CONSEQUENCE OF): Severe Metabolic Acidosis traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate Intrauterine Hypoxia Cause Enter UNDERLYING CAUSE (Diseeaa Dr Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated evanta Fetal Distress resulting in death) LAST 0 injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 X YES 2 | NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 - Nursing Home 5 - Rasidance 6 - Other (Specify) 0 27, MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 8 Could not be COMPLETED 4 Homicide 28 determined tem 29s. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Ite (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, BE Jessleum D2806 30 194 Jares 0 30. NAME AND ADDRESS OF REASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
1500 FOREST GLEN RD
512VER SPRING, MD ZO920 D. 20900 MD

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injury, or other traumatic event, the medical examiner

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cremation, or removal.

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 funeral director, page 5 should urs after death. Page 6 may be filled in by the completely signed by the attending physician and corr Health and Mental Hygiene prior to burial, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be peen has certificate h this c. DIRECTOR: After the hours after death v TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. lest birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 1 YEAR 1 M 2 | F 9a. FACILITY NAME (If not institution, give street end r COUNTY OF DEATH FUNERAL DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE en 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE Black, American Indian,
 White, etc. 2 Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.) Blac BY NO Specify. 3 Wide 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retiged.) 16b. KIND OF BUSINESS/INDUSTRY 17. FATHER'S NAME (First Middle, Last) BE CNM 19b. MAILING AOORESS (S 2 29a/METNOD OF DISPOSITION
1 Burial 2 Cremetion
4 Deposit 20b. PLACE AND DATE OF DISPOSITION (Name of 2 Cremetion 3

IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

Denation 5 - Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

multiple.
1,10

23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or real ratory arrest,

PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED?

281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t YES 2

Approximata

Interval Between

Onset and Death

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TES 2 NO

Accident

3 Suicide

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29e. CERTIFIER

Pending

6 Could not be

HOSPITAL XInpatient 2 ER/Outpatient 3 DOA 28e, DATE OF INJURY 28b. TIME OF

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

OTHER ng Home 5 - Reeld 28c. INJURY AT WORK? 1 YES

nce 6 - Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED

† CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

MEDICAL EXAMINER: 0	n the basic of exemination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner ee stated
the Process of Commercial	

ahock, or heart failure. List only one cause on each line

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26. PLACE OF DEATH (Check only one)

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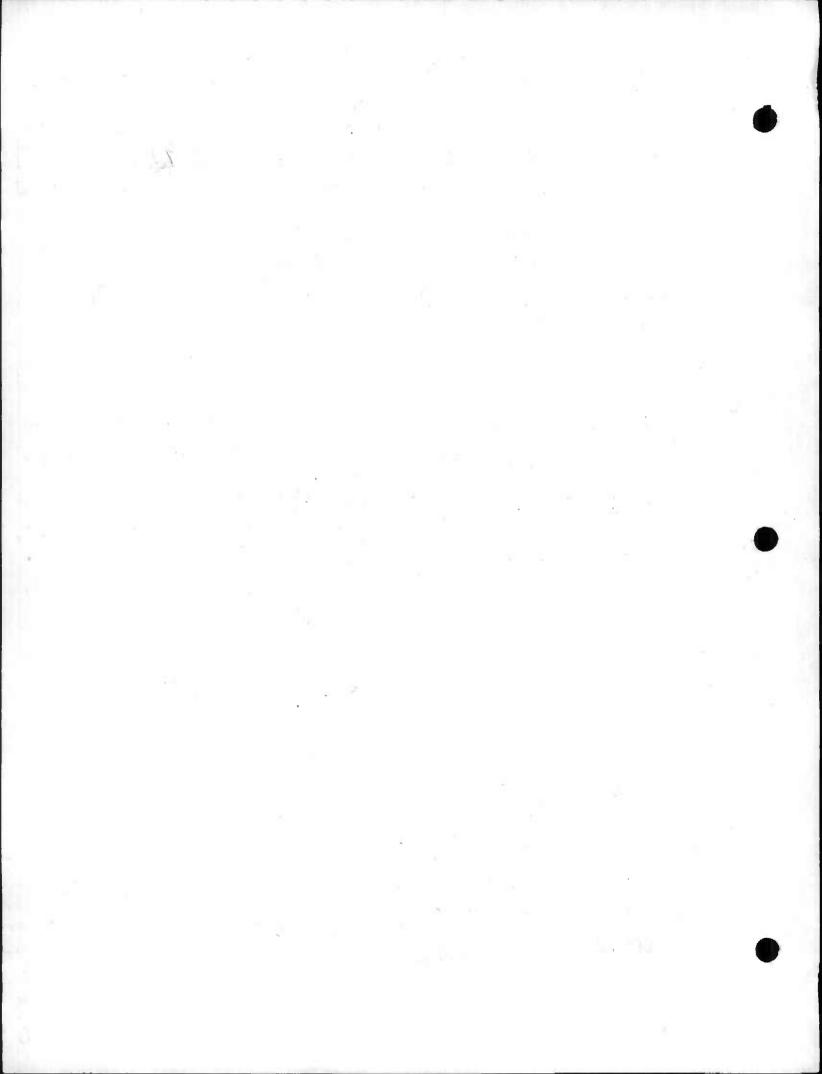
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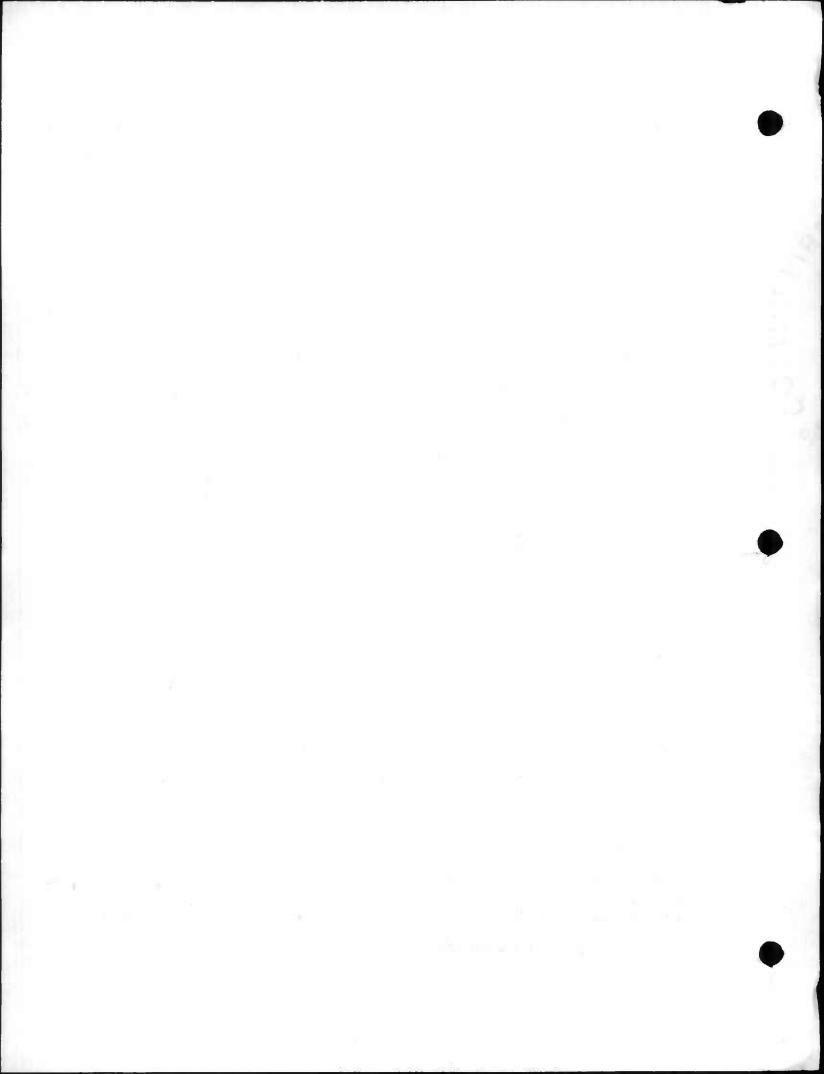
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	뽀	Ψ	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	É

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF GEATH OBERT 当 1992 MHOT SHIREY MCI 12:45 P 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month Day, Yea IF UNDER 1 YEAR 8. BIRTHPLACE (State or Fo 214-56 1 M 2 D F 759 40 DAYS HOURS MIN. YRS 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH 21305 RD BALTO DIRECTOR PARKTON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTO MA PARKTON 1 YES 2 NO BY FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21120 305 IBER 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS If yes, specify Cube 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retred.)

MACHINIST 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) TAMES notified at EMMOGENE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 ANE MARIA must be 20e. METHOD OF DISPOSITION
1 N Burlai 2 Cramation :
4 Donation 5 Other (Spe 20b. PLACE AND DATE OF DISPOSITION (Na DATE Burial 2 Cremation 3 Ref ARDEUS place) 10/6 MD on 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE of Dundaik HomE Solles 21222 23. PART 1. Enter the disease, or complications that caused the death. the mode of dying, such as cardiac or respiratory arrest, Approximate lure. List only one cause on each line. Interval Between 6 **IMMEDIATE CAUSE (Final** Onset and Death the cremation, disease or condition\_ Gunshot wound resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other aignificent conditions contributing to death but not reaulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES □ NO □ UNCERTAIN □ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 KResidence 8 - Other (Specify) the 6 27. MANNER OF DEATH 28e. OATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 28c. INJURY AT WORK? is marked. 1 Natural inflicted Oct 3, 1992 M 1 YES 2 NO BY death Investigation 2 Accident 28e. PLACE OF INJURY -- At home, farm, street, tectory, office 281. LOCATION (Street City or Town, State 21305 W. L 3 Suicide COMPLETED mber or Rural Route Number 6 Could not be after 28 4 Homicide Rd W. Liberty home hours If Item 29e. CERTIFIER 1 CERTIFYING PH dge, death occurred at the time, date end place, and due to the TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I MEDICAL lgation, in my opinion, death occurred at the time date and BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) March 10, 1995 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Balto Penn 3 MI he 32. REGISTRAR'S SIGNATURE



Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

Blanche Marie Koci  Exominer  April 10 1992  Blanche Marie Koci  Exominer  Frederick Memorial Hospital  Frederick Memorial Hospital  Frederick Memorial Hospital  Frederick Memorial Hospital  Frederick Memorial Hospital  Frederick Memorial Hospital  Frederick I I Maria Blanca  Blanche Marie Romania  Blanche Marie Koci  Fundad  Blanche Marie Koci  Frederick Memorial  Blanche Marie Romania		For State Registrar		State of M	Marylan	•		nt of H te of L				Reg. No	100	2-3	3834	5
Prederick Memorial Hospital  Frederick  Fred	-	Blanche	Marie Ko	ci							Month April	Da 1	0 19	92	3. Time of 0845	Death
342-18-5993   100 Age   68   vs   100 Age		Frederick Memorial Hospital Frederick Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) If Under 1.					deric	k If Unde	or 24 Hrs.	8. Dete of E	Birth	Frede	ric	piece (Stata o	r Fore	
The production of the producti	Director	Usual Residenca o	Decedent	M 27 F				Days	Hours	Miri.	Nov	30 19	23 I	11i	NOIS	ly Lim
Sementary (Secondary (9-12)   College (1-4or 5+)   Lab Service Rep.   None	28a-f sho polified at	MD	Frederic	k			rick	in Code				10a Ci	tizen of Wh		1 X Yes	
Security   Security	3a or															
Secretary Property and Completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie) completed   15. Decedent's Education (Specie)   15. Decedent's Ed	or items 2	11. Marital Status	ied 2 Married	Armed Forces 1 Yes 2 1 If Yes, Give	XNo		Was Deci	edent of H ecify Cuba	n, Mexica	an, Puerte	pecify Yes or I o Rican, etc.)	1	14. Race Black,	White,	etc.	
Trighter's Name (First, Micdie, Last)   15b. Maing Address (Sirval and Number or Rival Rode Name (First, Micdie, Macon Jumana)	a letec	Elementary/Seco	city only highest grad	a completed)	r 5+)	(Give	kind of w	ork done	during mo	ost of wor	king	16b. K	ind of Busi	iness/In	dustry	
19. Maining Address (Sirset and Number or Rural Rocte Number. City or Town, State, Zip Co.   20. Method of Disposition   1   Sural 2 (Xichenation 3   Removal from State   20. Disposition (Name at Care)   Date   20. Location - City or Town State   20. Disposition (Name at Care)   Date   20. Location - City or Town State   20. Disposition (Name at Care)   Date   20. Location - City or Town State   20. Disposition (Name at Care)   Date   20. Location - City or Town State   20. Disposition (Name at Care)   Date   20. Location - City or Town State   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Date   20. Location - City or Town State   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   20. Disposition (Name at Care)   Date   Dat	ovent, Be Cc	17. Father's Name		18		18. Mother's Name (First, Middle, Ma			lle, Maider							
Care   Continue   Co	E E E	19a. Informant's N	ame/Relationship (Ty	rpe, Print)					and Num	ber or Ru	ral Route Nun	nber, City	or Town, Si	tate, Zip	Code)	
23a. Part I Erner the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, medical cause (Final final	or other	20a. Method of Dis	position  [XCremation 3 ]		e (	Plece of Dispo cemetery, cren	sition (Nonatory or	ome of other plac	(8)		Date	20c. L				
23a. Part I: Errer the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, medical course (Final Photos, The Facility III) and the property of the prope	Department important any injury once.	21. Signature of Fu	neral Service Licens	00		R	Name a	nd Addres	ai le	ility V& So	on Fune			rg,	MD	_
FFEMALE:   23b. Was decedent pregnant in the past 12 months?   1   Yes   2   No   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   9   Unknown   24a. Was an autopsy performed?   1   Yes   2   No   3   Probable   24a. Was an autopsy performed?   1   Yes   2   No   3   Probable   25b. Was case referred to medical examiner?   1   Yes   2   No   3   Probable   25b. Signature and title of certifier   29b. Signature and	burial-transit automater al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):														
EMPHYSEMA    1   Yes   2   No   3   Probable	ding Physician: The law requires that the Arter this certificate has been signed by the funeral director, page 2 should be detached there. To Be Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Completed by Physical Complete Completed by Physical Complete	23b. Was deceder in the past 12 1 Yes 2	al death 3													
25. Was case referred to medical examiner?  1		Part it, Other signment conditions continuously to death but not resulting in the underlying cause given in Part i.														
25. Was case referred to medical examiner? 1											au pe	topsy formed?	pr	ior to co ath?	ompletion of c	avai
29a. Certifier (Check only one)  29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Date)		examiner? 1 ☐ Yes 2 ☐ 27. Manner of Dea	No Ith 5 ☐ Pending	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other 4 Nursing Home 5 Residence 8 Other (Specify)  28e. Date of Injury (Month, Day Yeer) 28b. Time of Injury Work?  28c. Injury at Work?							(y)					
29a. Certifier (Check only one)  29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated.  29b. Signature and title of certifier  29c. License number  29d. Date signed (Month, Date)		3 ☐ Suicide 6 ☐ Could not b		28e. Place of Injury - At home, farm, street, fectory, office					281. Location (Straet and Number or Rurel Route Number, City or Town, State)							
G. Ceusti Jeann) 1309689 4/10/1992											)					
a. aug ( ) A		29b. Signature and	title of certifier	Par ma ()						0.0						
A Austin Pearre 360 West 9th ST Frederick, Md 21701																

